

Readings in Rehabilitation

VOCATIONAL PLANNING FOR THE BLIND CLIENT

Conference Proceedings



Rehabilitation Counselor Ed. Program
Dept. of Special Ed., College of Education
The University of Texas at Austin
Austin, Texas

Social and Rehabilitation Service
Dept. of Health, Education and Welfare
Region VI, Dallas, Texas

Texas Commission for the Blind
Austin, Texas

Edited By
G. D. Carnes, Ph.D.
Carl E. Hansen, Ed.D.
Randall M. Parker, Ph.D.

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DEPT. OF SPECIAL EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEXAS 78712

READINGS IN REHABILITATION
OF
THE BLIND CLIENT

CONFERENCE PROCEEDINGS:
VOCATIONAL PLANNING FOR THE BLIND CLIENT

SPONSORED BY
REHABILITATION COUNSELOR EDUCATION PROGRAM
DEPARTMENT OF SPECIAL EDUCATION, COLLEGE OF EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEXAS

AND

SOCIAL AND REHABILITATION SERVICE
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
REGION VI, DALLAS, TEXAS

AND

THE TEXAS COMMISSION FOR THE BLIND
AUSTIN, TEXAS

EDITED BY
G. D. CARNES, PH.D.
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JANUARY 1971

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PREFACE

These proceedings represent the distilled essence of three years development in the annual institute, "Vocational Planning for the Blind Client." The original intent of this institute series was to provide certain essential information for new counselors in state commissions for the blind and generate a planning orientation to their rehabilitation efforts. Therefore, it is hoped that these published materials can be used in staff development programs for much the same purposes. The attempt is not to provide an exhaustive list of the many topics that might be covered but to focus on those problems considered most crucial. Toward the goal of readability and pursuing the original intent of the institute, the papers remain largely intact as the authors submitted them, and any questions regarding references should be addressed to each individual writer. Some revision in the order of presentation from the institute was felt necessary to facilitate exposition in a written form. However, this publication conveys the impact of the original institute's to a very large degree and should allow the sharing of the positive experiences of the limited numbers of participants with a broader audience.

Generous credit must be acknowledged to the Texas State Commission for the Blind for their financial assistance which made this publication possible as well as previous cooperation and assistance during the original workshop. Mr. Burt Risley, Director, Texas State Commission for the Blind, and Mr. Charles Hoehne, Assistant Director, Texas State Commission for the Blind, deserve special thanks in this regard as does Mr. Randolph Greene, Director of Planning, Criss Cole Rehabilitation Center, Austin, Texas, who also played a vital role as a member of the original institute planning committee.

We would especially like to express appreciation to the Social and Rehabilitation Service, Region VI office, including Mr. Robert Thomas, Associate Regional Commissioner, Mr. H. B. Simmons, Associate Regional Representative, and Mr. Steve Lane, Assistant Regional Representative, for their invaluable assistance in planning the institutes, obtaining financial support and otherwise supporting the institute series and this publication.

A number of individuals in The University of Texas at Austin and the cooperating state agencies for the blind



in Region VI provided a degree and type of cooperation, without which, the total endeavor could not have been possible. Support from our previous Department Chairman, W. G. Wolfe, and our present Chairman, Jasper Harvey, were essential for the success of both projects. The kind of enthusiastic support and spirit of cooperation manifested by the following officials in the state agencies provided a climate that contributed substantially to whatever success might be attributed to this effort--Texas: Charles Raeke, Bud Davidson; Arkansas: Reed Greenwood, Curtis Little; Louisiana: Vernon Broussard; New Mexico: Oliver Ortiz; Oklahoma: Travis Harris, Clyde Martin.

G. D. Carnes
C. E. Hansen
R. M. Parker

FOREWORD

As a result of the establishment of numerous university programs during the past fifteen years, the volume of rehabilitation counseling literature has greatly expanded. The quality and quantity of material that has been produced has firmly established vocational rehabilitation as a profession and rehabilitation counseling, in particular, as a recognized discipline.

However, literature specifically dealing with vocational planning for blind persons is rare indeed, so this publication is a significant contribution to all in our field of work. The report is more than a collection of papers. Each topic is covered by a prepared lecture delivered by an expert in the field. Most of the individuals who have provided materials for this report have worked with Dr. Carnes in presenting this conference during the past few years. Their writings represent carefully thought-out segments of the vocational planning cycle, with ample opportunity for revision and refinement.

The end product, therefore, is more than printed proceedings. It can serve not only as a resource document for all our agencies, but the basis for in-service training programs for counselors who will be working with the blind. While the conference was designed mainly for counselors who will be working with blind clients in Region VI, I sincerely hope this document will be given wide national distribution and be utilized extensively in planning for the future.

Douglas C. MacFarland, Ph.D.,
Chief, Division for The Blind
and Visually Handicapped
Rehabilitation Services
Administration
Social and Rehabilitation
Service

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READINGS IN REHABILITATION OF THE BLIND CLIENT:
PROCEEDINGS OF THE INSTITUTE--
VOCATIONAL PLANNING FOR THE BLIND CLIENT

INTRODUCTION TO THE PROCEEDINGS

The topics covered during the institute seemed logically to fit into five categories and are so organized in these proceedings. A number of demonstrations or group discussion periods did not appear feasible for publication, but in a few instances important content material was adapted into the prepared manuscripts. Thus, a group decision process using case materials, a demonstration initial interview, and a panel of blind clients, was not covered while details regarding the demonstration of specialized tests for assessing blind clients, which were demonstrated to the participants, will be found in the appropriate article. The proceedings have been conveniently arranged so that the reader may explore in order: current and contemporary trends, evaluation, counseling, educational services and placement of the blind client.

THE CONTEMPORARY SCENE

Several themes characterize the articles by Risley, Pogorelc, Bridges, Autry, and Bruce dealing with the national, regional, and local viewpoints. Within the context of increasing social awareness and unrest, there is a great questioning of goals, methods, and achievements in the rehabilitation of the blind. Support for rehabilitation services to the blind can no longer be routinely assumed, but must be increasingly justified by their value in the fight for national priorities. Paralleling trends in our total society, the voices of clients will be heard at a policy and planning level, and programs must prepare to utilize this new force constructively. The changing nature of the client group poses many questions with respect to the adequacy of traditional services, approaches, and even the location of a service program within the state government. Granting that the opportunities for handicapped clients have increased tremendously during the past fifty years, the challenge of unsolved problems constantly reappear, emphasizing the need for creativity, innovation, and dedication to face the problems that lie ahead.

ASSESSMENT AND EVALUATION

The key to a successful rehabilitation program often lies in proper assessment and evaluation. The three articles in this section emphasize this fact but recognize that psychological assessment of the blind client has historically posed many problems. Psychologists were fearful, or even unwilling, to appraise blind clients; appropriate instruments were unavailable; interpretations were questionable and too often divorced from essential cultural and historical perspectives. This picture has changed dramatically and, although continued developments are badly needed, there are many valuable resources available.

If the rehabilitation counselor is to use these evaluational resources for maximum value, he must have some knowledge regarding their general nature. The first article, "General Considerations for Assessment," addresses itself to this matter and sets forth both the need for, and value of, assessment in general along with broad technical principles that are involved. The second article, "Special Considerations for Assessment of the Blind Client," describes general factors related to assessing blind clients within the context of generally held stereotypes of "the blind," the meaning of blindness to the individual and his family, the particular problems involved in the habilitation of blind children, and the basic problems of concept formation and its evaluation in the congenitally blinded individual. The third article, "Tests and Their Interpretation," specifically focuses upon problems of administration and interpretation of both conventional tests adaptable for use with blind clients, and those specially developed for the purpose.

COUNSELING

The material in this section centers about a number of critical points for rehabilitation counseling. The initial article, "The First Interview in Rehabilitation Counseling," stresses the vital and strategic function of the first interview and details both the philosophy and technique of its proper execution.

The second article, "Counseling Approaches," examines rehabilitation counseling from historical, pragmatic, and theoretical viewpoints. Stimulated by inspections of complete case folders, weaknesses are pinpointed and generalized into a conceptual system of five counselor models. This material should be provocative and stimulating to every reader as they measure themselves against this framework.

In a more philosophic vein, the final article, "Challenges to the Counselor," exhorts practitioners to

develop the maximum potential in every client. Among the many challenges existing today, one of the most difficult to face is the insidious tendency for work to become routine, standard, and sterile. This article seeks to rekindle imagination of the counselor in an unusual and effective fashion.

EDUCATIONAL SERVICES

The emergence of cooperation and coordination between rehabilitation and educational endeavors becomes very clear in the two articles of this section. Long overdue, a viable working relationship between Special Education and rehabilitation is the central focus of the article, "The Client and His Special Education Program." The needs of the visually handicapped child cannot be met without in-depth cooperation between the classroom teacher and the rehabilitation counselor.

The second article, "The Role of the Rehabilitation Teacher in Career Planning for the Blind," discusses the role of the teacher in rehabilitation with an emphasis upon the contributions that this professional can make in the rehabilitation process. This article also dramatically communicates the value to the rehabilitation counselor of full professional collaboration with the teacher.

REHABILITATION PROCESS AND PLACEMENT

A lucid picture of the rehabilitation process, particularly focusing on placement and follow up is presented by the articles in this section. The ultimate goal of productive and satisfying employment is a complex matter, and the various writers address themselves at depth to the many technical and philosophic facets involved.

Considerations of the mutual planning between the client and counselor during the planning phases of the rehabilitation process are treated in the article, "Planning for Vs. with the Client." The paper, "Client Motivation to Work - A Reconsideration," attempts to delineate the factors underlying motivation to work, and place them in the perspective of occupational planning with the blind client.

"Vocational Guidance for the Blind Client" presents major theoretical notions from the area of career development, and relates these notions to job readiness of the client. The fourth presentation, entitled "Placement - Passe or Pertinent?" defines placement, defends its necessity, describes how it's accomplished, and suggests a workable placement program. The final article, "The Role of the Placement Specialist in Career Planning," demonstrates the value of the placement specialist as a vital resource for rehabilitation counselors and other professionals involved in rehabilitating the blind client.

BETTER PROSPECTS FOR BLIND CLIENTS:
THE PREREQUISITE IS A
MORE VALID PERSPECTIVE OF REHABILITATION SERVICES

Burt Risley - Director, Texas State
Commission for
the Blind

We are assembled here this week to talk about "Vocational Planning for the Blind Client." It is, quite frankly, a distinct pleasure to participate in a conference treating something this specific and so immediately pertinent to our basic objectives and to our daily work. For the past several years, many of us associated with state agencies have been spending a considerable amount of our time and effort going to conferences where the chief concern has been long-range program planning, coordination of our programs with a variety of other programs conducted by welfare agencies, labor organizations, or other agencies which presumably bear some relation to our own.

We have all been involved in a lot of soul-searching, breast-beating, exploration of new areas for increased cooperative activity, gazing into crystal balls, and general jaw-boning. All of this has tended to be rather exciting, at least initially, and certainly one does not wish to appear disenchanted with planning, interagency cooperation, program coordination--or any of the other sacred cows presently in such high fashion in public administration circles.

Nevertheless, the fact remains that agency clients have not visibly benefited from most of the administrative labor which has so gallantly been invested in the examination of broad issues. It is refreshing to participate in a conference of this type, where one can enter into specific discussion and explore questions of immediate relevance to those persons whom we serve. I do appreciate the opportunity of appearing on this panel with my colleagues from other states in Region VI, and I am honored to have been asked to serve with the many able and knowledgeable persons who have been selected as the faculty for this institute.

This week you will hear many specifics discussed in relation to vocational planning for blind clients. My comments will be directed to the relationship of case service specifics to rehabilitation administration.

Unquestioned Assumptions

We are meeting in a city which, less than a week ago, narrowly avoided a major confrontation between law enforcement representatives and thousands of individuals who are honestly and deeply concerned about the moral posture of the United States in international affairs and the effect of established national priorities upon compelling domestic problems. That crisis, an incident that threatened bloodshed in Austin streets and on the grounds of our State Capitol, necessarily continues to disturb many of us who are here today.

Such incidents, rather than abating, are increasing. Such incidents are both dangerous and dramatic; the incidents command widespread public attention. Nothing, apparently, publicizes a cause so well as a confrontation.

We who are involved in rehabilitation programs also have what I deeply believe to be a genuine and legitimate cause. Rehabilitation programs, however, do not have and will not have dramatic confrontations of the type we have witnessed on college and university campuses during this past week.

It seems to me that there is a significant program implication in these recent trends. Issues are no longer being evaluated solely on their merits; to a large extent, violence in the streets is superceding reasoned deliberation. In the past, those of us who are involved in rehabilitation of the disabled have assumed that we could justify our programs--their present operation and their future growth and development--simply by gathering data for presentation to legislative and executive bodies. Obviously, that assumption requires examination to determine if there is a present necessity for modifying the methodology by which these programs have been justified and extended in the past. While I certainly do not suggest that it is necessary for the disabled to take to the streets in order to achieve equitable treatment, I most definitely do submit that the selling job which now confronts program administrators is going to be more difficult than previously. That fact, I feel, is self-evident when one examines the level and scope of appropriations made by Congress for the vocational rehabilitation program during this present fiscal year.

Yet, while the difficulties of obtaining needed resources have been compounded, rehabilitation programs have had imposed upon them greater expectations and enlarged responsibilities. The assumption, made by federal officials particularly, has been that vocational rehabilitation has some unique capabilities, procedures, techniques and experience which are transferable to programs recently initiated to deal with major social problems of long existence. That assumption, also, has gone without adequate examinations for much too long.

Posture of Present Programs
of Rehabilitation
Services for the Blind

I know of no vocational rehabilitation program, blind or general, in the United States today that purports to be serving substantially all of the disabled individuals who are eligible for and in need of services. I know of no program administrator who is so pretentious as to suggest that services are of maximum effectiveness and value for those clients who are in fact being reached through the program.

Clearly, before embarking upon new and uncharted paths--regardless of how exciting that possibility might appear, the first task confronting vocational rehabilitation programs is to get on with the unfinished business of serving disabled individuals who have traditionally been regarded as the appropriate recipients of vocational rehabilitation services. Before accepting new service responsibilities, we need to first acquit ourselves of the responsibilities our programs have not yet fully discharged.

These basic service responsibilities are being more fully met in some states than in others. There are substantial and unfortunate discrepancies in the records of programs in different states. No state, however, has yet developed the capacity for reaching all handicapped persons who are eligible for services through its rehabilitation programs. In Texas, for example, our agency expects this year to serve about 50 percent more clients than any other state, but we recognize that our own program coverage continues to have its deficiencies. Although our program has progressed to the point that, for purposes of long-range projections, we can now see the point at which a plateau will begin, we are still a long way from reaching that plateau.

Service Inadequacies Continue
Even After Program
Coverage is Improved

It is an unfortunate fact that many people who are now involved in vocational rehabilitation regard the existing vocational rehabilitation program as a good and sufficient answer to all of the problems of our disabled population. Any deficiencies, it is assumed, relate to program coverage; the presently authorized scope of the program received little question.

In looking at the unmet needs of this country's blind population, however, it is apparent the accepted scope of the present vocational rehabilitation program, as defined by present federal legislation, is grossly

inadequate to the immediate, urgent and demonstrated needs of individuals with severe disabilities such as blindness.

Throughout the United States, officials of various organizations involved in the state-federal program are unable to reach agreement on the basic purposes and policies underlying vocational rehabilitation legislation. When Congress established the vocational rehabilitation program in 1920, the objective of the legislation was stated as follows:

For the purpose of assisting the States in rehabilitating physically handicapped individuals so that they may prepare for and engage in remunerative employment to the extent of their capabilities, thereby increasing not only their social and economic well-being but also the productive capacity of the Nation. . . .

Clearly, Congress had two basic objectives in mind at the time of enacting the Vocational Rehabilitation Act: (1) helping physically handicapped individuals--both socially and economically; and (2) increasing the productive capacity of the nation.

Fifty years have passed, and Congressional intent continues to be far from fully implemented. Restrictive interpretations of various sections of the law, an absence of bold and imaginative leadership from both state and federal program administrators, and a general lack of sophistication on the part of professionals all have combined to make this statute less than completely relevant to the needs of severely handicapped Americans.

In Texas--and I am confident, in every other state--agencies for the blind are made to feel rather as if they are doing something improper--something of questionable legality--if full use is made of all provisions of the Vocational Rehabilitation Act by a state agency in its attempt to provide meaningful services to visually disabled persons. Yet, confronted with exigencies of human need, agencies for the blind do in fact turn to their major resource, the Vocational Rehabilitation Act, stretch its language and authority to the limits, interpret regulations to accommodate the service needs of clients--and go on about the business of serving handicapped people.

But even so, agencies for the blind find it difficult to stretch the accepted scope of the vocational rehabilitation program far enough to meet the needs of all blind persons who turn to state agencies for help. Substantial numbers of blind persons, therefore, go without the benefit of services through any substantial federally-supported program. In the case of visually handicapped children, substantial services frequently are delayed until the individual reaches an age at which a vocational objective can be formulated, rather than being served at a time

when services can have the most beneficial impact and be extended with least cost. Older blind persons, the largest segment of the blind population, are afforded certain services, but the extent of this service is disproportionate to the size of the older blind population.

I submit that the situation is not only unfortunate, but also inconsistent with what Congress originally intended in establishing the vocational rehabilitation program. If the profession had had more able leadership in its early days, if lawyers had been only slightly more creative, and if officials had been just a little more sophisticated, the promise of this legislation would not today remain unfilled for so many severely disabled persons. By not being bolder and more vigilant about advocating the interests of the blind, state agencies let their clients down. In the early days of this program, if administrators had been only a little more articulate and imaginative, we who are administering these programs today would be serving the total blind population--children through aged--under the Vocational Rehabilitation Act, and we would be doing so without looking back over our shoulder to see if anyone is watching.

Such a result would have been entirely consistent with the policies and purposes of this legislation. Everything done to assist a blind child in adjusting to his handicap at an early date, in getting proper educational and social experiences, and in entering more rapidly and more effectively into the mainstream of society, necessarily has profound vocational ramifications. Similarly, services to older blind persons necessarily increase the social and economic well-being of such persons--and, by freeing other individuals to seek employment rather than care for a dependent blind person, such services also may contribute to the productive capacity of the nation.

The Immediate Need

No longer can agencies or organizations involved in serving the blind afford to compromise the long-range interests of the total blind population of this nation. No useful purpose is served by belaboring the failure of leadership thirty or forty years ago. The climate is once more conducive to making these programs of maximum relevance to the total blind population.

Since 1965, the Vocational Rehabilitation Act has been undergoing continuing change. Some of the changes, to be sure, may be predicated upon the unquestioned assumptions I discussed earlier, but the fact of the matter is that strong forces are continuously at work to broaden the clientele of this program, so that the vocational rehabilitation program is no longer a program only for physically and mentally handicapped persons.

If this attempt to broaden the coverage of the program in this manner is successful and individuals with no objectively definable physical or mental handicap become eligible for services, the proponents of such action may or may not fall flat on their faces. The salient fact, however, is that such attempted broadening does represent a most radical alteration of the established program, and if the program can radically be changed in this manner, then there is no acceptable reason for not also changing the accepted scope of the program for severely handicapped persons.

Broadening the accepted scope of the program for severely disabled persons can be accomplished in two ways. First, the approach can be direct and forthright, consisting of an attempt to effect changes through amendment of legislation and administrative regulations. At the same time, however, a less direct but perhaps even more effective approach can be taken--that is to say, making full and imaginative use of all provisions of existing statutes and regulations and thereby expanding the scope of the program through a natural evolutionary process. Many of the gains made for the program over the years, after all, have been accomplished in this manner.

In order for agencies for the blind to expand the acceptable scope of the program--to give it new dimension and greater relevance, however, it is essential that agencies do an adequate and effective job within what is generally accepted as the proper scope of the vocational rehabilitation program.

Agencies for the blind cannot operate in a vacuum. These programs must be related to other national policies and priorities. The programs must be conducted with continuing reference being made to the relationship of program costs to program benefits. In short, if we are doing an effective job in discharging the responsibilities we clearly have under existing federal legislation, it is much easier to argue that our actual responsibilities are broader than some persons presently are willing to concede.

Rehabilitation activities conducted in the states, therefore, must be justifiable, defensible and practical--both in human terms and in economic terms. In recent months, I have had called to my attention certain projects conducted with federal grant funding, in which projects costs per rehabilitant are expected to amount to between \$20,000 and \$40,000. I cannot justify such projects on economic grounds. I do not even attempt to try. Such activities, in my judgement, are totally inconsistent with the long-range best interests of blind persons, for such projects undermine the credibility of sound and necessary proposals advanced by agencies for the blind.

Nothing is more helpful toward the arguments we make, on the other hand, than adequate and realistic

vocational planning for blind clients. Adequate and realistic vocational planning for the blind consists of a rehabilitation plan, that, ideally, helps a blind person so much that, once the plan is completed, he no longer requires helping services from any other governmental program. The more effective rehabilitation workers are in vocational planning with--I prefer "with" to "for"--blind clients who today are universally conceded to be within the scope of the established state-federal vocational rehabilitation program, the more forcefully we can argue that "vocational planning," in order to be properly conducted, cannot respect age limits of any type.

The immediate need in rehabilitation of the blind, I think, is for something considerably greater than common sense on the part of program administrators and professional workers. It is human nature to aspire for or to covet something only slightly greater than that which one already has. This, I believe, reveals much about those persons who are such great admirers of "common sense." In improving and expanding professional activities for blind clients, we desperately need uncommon sense--not unusual verbal skills, but a fine sense of judgement, new professional sophistication, confidence in the relevance of our work, and a keen sense of timing. These characteristics, coupled with uncommon courage, derive from the operation of solid and substantial programs.

Solid and substantial programs, in turn, are built around competence and success in working with blind clients, and such competence and success are materially enhanced by programs of the type we are having here in Austin this week. This, my friends, is why it gives me such great pleasure to have been invited to participate in this institute with you.

REHABILITATION SERVICES FOR THE BLIND CLIENT:
THE NATIONAL VIEWPOINT

Robert L. Pogorelc - Division for the
Blind and Visually
Handicapped,
Rehabilitation Ser-
vices Administration

During the first week of June, this year, State and Federal vocational rehabilitation workers will celebrate the 50th anniversary of the "rehab" program. A White House ceremony is planned for the occasion, and during this time, many of us will reflect upon the accomplishments of this program throughout the past fifty years, on behalf of handicapped people. We may also think about the part we have played in this effort, and about the problems and the joys which we have experienced. I'm sure that we all have many pleasant memories of our contributions and accomplishments.

In preparing this talk, I was tempted to look back and to discuss some of the history and the development of the VR program, because this is impressive, safe and familiar ground. While we certainly cannot and should not discount the value of our experiences of the past, I feel that this is a very appropriate time to consider the challenges and the opportunities which lie ahead in the future, and to discuss some of the ways in which we can apply this valuable experience and knowledge to our future tasks.

As Mr. John D. Twiname, Administrator of the Social and Rehabilitation Service has written recently,

. . . I am pleased to be able to lend my energy to the beginning of the next 50 years to extend the hope of rehabilitation to new millions of handicapped and dependent citizens.

To make this happen in the era ahead will require forging new partnerships, adopting new styles, using new technology, taking new risks, . . . and employing all the knowledge, the spirit, and positive momentum of the past. In my opinion, there is no challenge more worthwhile and no work more fundamental to our national purpose.

How, you might ask, do we in Washington view Mr. Twiname's concepts as they apply to the rehabilitation

of the blind and visually impaired? First of all, we see the need to bring a greater degree of creativity and sophistication to our job development and placement efforts. The development of opportunities in the computer science field, in teaching, and with the Social Security and taxpayer service representatives are steps in this direction. We must remember, however, that, although the barriers to employment of the blind and visually impaired have been reduced significantly in recent years, the competition for available jobs has increased even more. An article which I read recently indicated that even new Ph.D.'s are being forced to accept less desirable positions than they had expected, and that a far fewer number of offers are available to them, as compared with graduates of previous years. This means, of course, that we must prepare our clients more thoroughly, to insure that they can compete for available jobs, not only in the professions but in the industrial, sales, and services fields as well.

Secondly, and closely related to the first point, we must plan ahead to insure that we train our clients in fields and for jobs which will be in demand in the future, for we cannot afford to waste our resources and jeopardize our clients' futures by training in fields which are becoming obsolete. This means that we must keep abreast of changes in technology and social conditions, in order that we can assist our clients in developing appropriate vocational goals, and in utilizing proper educational resources to meet these goals. We must guard against the tendency to look only at the client's short-term needs, without some consideration of his long-range occupational requirements. Although recidivism cannot be expected to be eliminated completely, a substantial reduction in its rate is necessary, for each time we must re-open a previously closed case, we are utilizing time and money which could have been directed toward the assistance of a new, deserving client. The extent to which we are able to meet the challenge of the next decade is dependent upon our ability to use our financial and professional resources with maximum efficiency.

Another consideration involves the preparation of our clients beyond the technical competence necessary for the job itself. I refer here to the need for adequate mobility instruction, communications skills training, and instruction in the activities of daily living. Quite often, successful vocational adjustment depends as much on these factors as the client's ability to do the job. We find, however, many instances where counselors give no thought to the client's personal grooming, his social skills, the adequacy of his ability to travel independently, or the fact that he can neither read nor write braille. Yet, they cannot understand why a particular client is unable to obtain a job, or why he cannot keep the jobs that he is able to get. Without proper training, a blind client must depend on others to handle the details related

to, but not actually a part of, the job situation. This results in either a deterioration of the client's self-image and self-confidence, or a feeling of annoyance on the part of those who must assist the blind person constantly, or a combination of both problems. In any event, the possible effect on his job efficiency is obvious. We can no longer afford to invest hundreds and possibly thousands of dollars and hours of work in providing clients with extensive physical restoration and vocational training services, only to see all of this wasted because these other services mentioned above have not been adequately supplied.

A unique program in the field of rehabilitation of the blind, and one which definitely must be upgraded, both in terms of its utilization and its image among ourselves, is our Vending Stand program. Too often in the past, our clients have been placed in a stand after a two or three day training period, and then left to fend for themselves. To a great extent, this has occurred because of a lack of adequate training facilities and programs for these individuals. We are now planning to stimulate regional and/or state cooperative vending stand operator training efforts, to meet the crucial need in this area. Of course, the Regional Office in Region VI has recognized the need for upgrading of the vending stand program, and has provided training funds for this purpose, which makes your region more fortunate than other parts of the country.

My next point will undoubtedly be discussed fully and in detail during the course of this Institute, and I hope I'm not stealing someone's thunder at this point. However, let me stress the importance of vocational planning with your clients, rather than for them. Here we must depart from the past, and from the method of doing business as it was done in an earlier period. No longer can the counselor develop a rehabilitation plan and present it full blown to his client. The development of an individual's plan must involve close client-counselor teamwork. It is, of course, the client's plan, and his interests, desires, abilities and capacities, along with his acceptance, are essential if the plan is to succeed.

Finally, in order to fulfill our responsibilities during the coming years, we must strive to serve more people, more effectively, than we have ever done in the past. We see too many cases closed from referral, with the notation "Not interested," "Not motivated," "Uncooperative," "Too severely disabled," etc.

These judgments are based upon a letter or two to the client which was not answered, a brief telephone conversation, or a 10-minute interview, during which the counselor does all the talking. We must remember that if all blind and visually handicapped persons were well-adjusted, well-motivated, highly intelligent, independent,

etc., there would be no need for us at all. People with the characteristics which I just mentioned can and have rehabilitated themselves. We must work to help the others to change their attitudes and behavior, in order to take advantage of the services which we can provide. The VR program is the only hope for these individuals, and, if we do not help them, it is we, not they, who fail. With the current emphasis on work, training and manpower programs, we will have to maintain and improve both the quality and the quantity of our services, or face the possibility of being "swallowed up" by these other manpower programs. I am confident that we can do what must be done, and that the future of "rehab" is very bright, indeed.

VIEWPOINT OF THE STATE--LOUISIANA

William V. Bridges, Director - Division for
the Blind, Department of Public
Welfare - Louisiana

To me, this institute is very appropriate and timely because of the nationwide emphasis and responsibility being placed on the state rehabilitation agencies, including agencies for the blind, to assume a greater and more active participation in the rehabilitation of the disadvantaged, disabled and the economically deprived and, of course, the visually handicapped individual often falls into the above categories. This emphasis comes at a crucial time with a tremendous increase in the cost of services and with the fierce competition of the various state departments of government for both federal and state dollars. In Louisiana, we are experiencing this competition among the state agencies, particularly in Education, Highways, Welfare, Institutions, and Hospitals. To obtain an equivalent and fair share of the tax dollars, we must do a tremendous job selling our program to the legislature, executive departments and to the local communities. We must make abundantly clear with proof that our program is productive and that we are effectively, adequately and economically operating and administering our programs to meet the rehabilitative needs of the blind.

Various committees from both the federal and state governments have been established to study and review governmental operations to affect economy by consolidation of agencies and programs. Both federal and state legislation have been passed to implement economy and, as a result of the present study going on, we can expect more. Some examples are the inter-governmental cooperation and the grant consolidation acts. To implement these acts on the state level in Louisiana, we have organized a department of inter-governmental relation to study fragmentation and duplication of services with a view to present legislation for agency reorganization. At the present time in Louisiana, a state legislative committee is also studying agency duplication to economize. It was pointed out in one of the meetings that there were fifty-seven various programs for the handicapped located in four of the state

departments. I am sure many programs will be combined and some agencies eliminated. I also feel that the separate rehabilitation agencies in Louisiana will come under close scrutiny. I have already prepared written justification for our separate agency for the blind and its location in the Welfare Department.

We must prepare our agency programs to meet this challenge and responsibility. This will require better prepared counselors with greater skills to serve more severely disabled type clients such as, heretofore non-feasible clients which include the multiple handicapped, the illiterate, the overprotected, poorly adjusted, and older clients. The idea of serving and rehabilitating "easy cases" seems to be a thing of the past. There is not an appreciable number of this type case any more as many of them have already been rehabilitated and are working. Students who are graduating from high school and coming to us for further vocational or college training are also relatively easy to handle and prepare for employment.

As you know, there is a national emphasis being placed on "rehabilitating welfare clients." There are thirty-nine Section 13(a) Training Services Grants now operating in twenty-five states to rehabilitate persons on welfare. Most of these welfare cases can be considered "hard-core cases" because of long periods of illness, unemployment or economical dependency. We have found that these cases are hard to motivate--to accept work instead of welfare grants. Since the Louisiana agency for the blind is located within the organization structure of the Welfare Department, we feel that it is of somewhat an advantage to us in serving welfare clients. Of course, there are some disadvantages as well. I would like to mention some of the advantage points.

1. Referral System. Our Division for the Blind has the responsibility of reviewing all eye reports of public assistance applicants and certifying to the local welfare offices those persons who are legally blind and meet the eligibility requirements for Aid to Needy Blind Assistance. This provides the Agency for the Blind with an automatic referral system as copies of all eye reports on these visually handicapped applicants and recipients are sent to our staff. In addition, the local welfare office completes a social and medical summary on all these visually handicapped persons which gives the staff excellent information before contacting these clients. Welfare cases comprise 50 percent of our caseload and 50 percent of our rehabilitation closures will be welfare cases.

2. Access to Records. Both the Division for the Blind and the Welfare Department case records are filed together and readily available for our use and review.

3. Housing in Same Offices. Since both the Welfare and the Division for the Blind are housed in the same

state, district and local offices, it makes it easier for closer coordination and case planning between the two programs. The Welfare Department staff prepares fiscal reports, statistical, computer and tabulating information for our Division for the Blind. Welfare and Rehabilitation works cooperatively in serving blind clients who are eligible for Medicare and Medicaide, thus supplementing each other's resources.

I mentioned the above comments to emphasize the importance of interagency cooperation, coordination and communication in order to share available resources for the benefit of our agency and our clients. I am sure this will be more convincingly apparent with the proposed Family Assistance Act which proposes to completely overhaul the Welfare system. While there are a number of provisions in the bill which have major significance for state rehabilitation programs, one such provision provides that any member of a family receiving family assistance benefits who is not required to register with the local employment office because of a disability or handicap is to be referred to the state vocational rehabilitation agency.

In addition to "welfare cases," we are being called upon to serve other "hard core" type or difficult cases. These cases may also heretofore have been classified as "non-feasible," for example:

1. The Older Client. We can expect an increasing number of older blind clients in the future because of the increase of life expectancy. For instance, in 1900, the average life expectancy was 49.2 years. In 1960, it was estimated to be 70 years and in 1964 to be 74 years. Over 50 percent of blind persons on our state register for the blind are 60 years old or older. These oldsters are developing senile cataract or other degenerative eye conditions and, in Louisiana, cataracts are our number one cause of blindness. This poses a real challenge to the agency. We must prepare our staff to locate and assist this group of visually handicapped persons to prepare for, find and adjust to some type of employment or productivity.

2. Multiple Handicaps. Due to advances of medical science, the lives of many babies are being saved and, because of this, many of these children are born with neurological diseases and sensory damages. In addition to blindness, many survive with other deficiencies such as hard of hearing, mental retardation or other orthopedic conditions. These difficult cases will be our responsibility and will require a skilled and understanding staff.

3. Alcoholic Blind Clients. An increasing number of visually handicapped alcoholics or heavy drinkers are coming to our agency's attention for services. We find many of these referrals are coming from the alcoholic sections of the state institutions and are ready for discharge. Alcoholism is the cause of blindness in a big percentage of these cases. They will require intensive

and often long time and expensive rehabilitation services. Our staff must be temperamentally, professionally, and skillfully prepared to meet this challenge. It requires imagination, creativity and dedication on the part of counselors and other members of our staff.

Adjustment, evaluation and rehabilitation centers have an important place in servicing and rehabilitating these difficult cases. Many of these cases can be served as extended evaluation cases because of the uncertainty of their rehabilitation potential. In Louisiana, we have recently established an evaluation and training unit with third party funds at the Shreveport Association for the Blind. Even though the center has been in operation a little over a year with a comparatively new and inexperienced staff, we can see much progress being made with positive results in this evaluatory process. We have also developed a similar type evaluatory program with the Southwest Rehabilitation Center in Lafayette. This program will be conducted annually and will last for a period of approximately three months. It will be similar to the Shreveport Association program with more emphasis on serving the older and more severely handicapped-type of client.

In Louisiana, we are working with the schools for the blind and other public school systems to start serving blind children at an early age where it seem desirable and feasible. It is an established fact that the earlier the services to the blind child, better success can be predicted for his rehabilitation future.

Speaking positively, many advances have been made in employment opportunities for the blind. This is particularly true in the professional, technical and clerical areas of employment. We can mention such areas as computer programming, medical transcribing, Internal Revenue Service positions. Legislation has been passed in some states which will hopefully eliminate barriers in training the blind for teachers in universities and colleges and for placement of them in the regular public school systems. Louisiana has already passed legislation to this effect. Is automation working to an advantage or a disadvantage in employment for the blind? In many instances, it works to the advantage for the blind. Computer programming is an excellent example. Many of these jobs caused by automation require only pushing levers, reading meters and so forth which will require only minor re-organization of certain jobs so that blind persons can handle them. Some of these may require special braille devices or other proper sensory adjustments and additions.

To move forward, expand and improve our services will require an adequate increase in federal and state funding. Living expense is increasing, hospital and medical services are "jumping." Adequate salaries are needed and being demanded. All of this places a tremendous responsibility upon the state directors.

VIEWPOINT OF THE STATE--ARKANSAS

L. H. Autry, Jr. - Director
Arkansas Rehabilitation
Services for the Blind

How do we in the states view rehabilitation of the blind? Certainly we do not view it from any one perspective all of the time. In order to effectively provide rehabilitation services to the blind, we must be able to view rehabilitation from a number of viewpoints. Frankly, if we are not able to view it from the perspective of the blind individual, we will fail in our responsibility.

We say that there is something special about rehabilitation of the blind. We advocate separate agencies or divisions to provide services to the blind. How different are we? From the viewpoint of the blind individual, do we really do the same old things in the same old ways? Are we just another state agency? There is a new term going around to describe a concept that we in services to the blind have had for years. This term is advocacy. Are we fulfilling our responsibility as advocates for the blind? We have said for years that blind people needed an advocate or they would not be successfully served. You know loss of sight is a pretty big price to pay for service, so our clients have every right to expect the best quality service from our agency.

One of the oldest discussions in rehabilitation is whether the rehabilitation counselor or the agency is a provider of service or a purchaser of services. Certainly the staff within an agency and a state vocational rehabilitation agency itself will purchase many services, but there are certain things that we, frankly, cannot purchase, at least if what we say is true about separate rehabilitation agencies for the blind. Certainly advocacy is one of these services--understanding the problems of blind individuals and interpreting these to blind people, to families, to other agencies, and to the general public. A real concern for the blind and an outreach program that takes services to the blind is mandatory. We must provide the comprehensive evaluation and vocational planning necessary to help the blind person plan a rehabilitation program, and the real moment of truth in rehabilitation of the blind is placement. This is what really demonstrates

whether we are professionals in working with the blind. You are the ones who are on the spot. No matter whether you are a counselor, caseworker, or rehabilitation teacher you are the ones who are really on the spot.

In work with the blind there is one question that everyone is asking. What can a blind person do? Society asks the question broadly and according to their frame of reference or perspective may have some broad ideas, many of them not very positive. Other professionals ask the question and, frankly, many of them have no answers. The family of the blind individual is wondering and most important the blind person himself asks the question, "What can I do?" Whether they ask it directly or not, they expect, if there is an answer, it will come from you. Many of them have decided that there is no answer, but they won't excuse you if you seem to verify their utmost fears. The doctor who told them that he had done all that he could had no answer to his question, and the employer that he once worked for and the one that they hope they will work for some day probably does not have the answer. Society generally has only one answer and that is a check. It is a social security check if they have worked in the past, and it is a welfare check if they have never worked and are destitute. The agency for the blind is expected to have an answer. As an agency director, I am expected to have an answer, but you are the ones who are really on the spot. This is the one place where so far as the client is concerned the buck stopped with you.

Now, certainly I don't want you to get the impression that agency directors aren't concerned. We are concerned and we're interested in giving you all of the support and help possible. The one thing we can't delegate is responsibility. We are ultimately responsible for everything that you do or don't do. We recognize what a difficult job vocational decision-making is. Placement of the blind is a real challenge; it's one of the reasons we say we need separate agencies for the blind. One of the most difficult jobs you face is to help the client answer the question: What can I do? The next moment of truth is when you have to help find the job and see that the client is successfully functioning on it. The fact that you are attending this institute on "Vocational Planning for the Blind Client" is tangible evidence of our need to develop skills in this area and our commitment to this vitally needed training. You are not expected to learn all there is to know about this subject in one week. It will require your continued attention and work to develop your skills in the field of working with blind individuals.

Rehabilitation agencies for the blind have pioneered in many fields of rehabilitation in this country. Facilities, social services, and frankly, placement have been fields where rehabilitation agencies, out of necessity to serve the needs of blind clients, have done pioneer work.

Unfortunately, we may have frequently blazed trails but have not done an adequate job of keeping these trails open and functional. There are still new trails to be blazed in this field and they will be blazed at the state level. There are many trails which have once been blazed but need to be re-opened and widened in order to be functional and serve the blind people of your state. You'll be the trailblazers, the trail wideners. It will depend on your expertise, your training, and its application. There will be many changes in work for the blind in the future, and it will require imagination and innovation. It will require vibrant and viable staff and agencies.

We must meet the needs of the blind in this country. There must be an advocate for the blind to be sure that blind people do not get lost in the shuffle, during a time when there are so many voices crying for attention to specialized needs. We must be there to help dream the impossible dreams, to help find employment for those considered unemployable, to work diligently for the blind person to find his place in the main stream of today's society. In work for the blind, we are either stepping stones or stumbling blocks. This is our moment of truth.

VIEWPOINT OF THE STATE--NEW MEXICO

Harold W. Bruce, Chief
Services for the Blind Section
New Mexico

Today we are living in an era of dynamic change and upheaval. Our sacred and traditional institutions are being challenged and our representative form of government is being questioned. No wonder that today agencies for the blind are functioning in a volatile environment. On one hand blind persons, organizations of the blind and their friends, are demanding a voice in developing agency programs, and on the other hand there is a pressure that threatens to submerge the identity of agencies for the blind and reduce their autonomy.

At this time I would like to discuss with you methods of involving additional voices in the agencies' programming process. In New Mexico we are trying to supplement the traditional ways of programming by adding two additional methods:

1. A Lay Advisory Committee to the Services for the Blind Section.
2. An Inter-Agency Council of organizations for the blind.

Our section has had a Lay Advisory Committee for about one year and consists of nine members which represent a broad section of the states' population. Five in the Committee are blind; one is a parent of a blind child who is attending a school for the visually handicapped; another is an executive of the Mountain States Telephone Co. who involved the Pioneers in the Talking Book Program in the state. The purposes of this Committee are: (a) to help the section develop programs that are responsive to the needs of the blind population, (b) to help the section in developing liaison to the community, and (c) to enable the agency to understand the needs of the community more fully. Much of the activity during the first year was devoted to orienting committee members on services for the blind in New Mexico. The Committee has been particularly effective in providing liaison to the community, act as a public information dissemination agent on the local level and assist in the development of a statewide public information program.

The second program aid is the Inter-Agency Council for the Blind. It was organized in 1948 with representatives from the Services for the Blind Section of the New Mexico Health & Social Services Department, and representatives from the New Mexico School for the Visually Handicapped, and has met throughout the years on a quarterly basis. A program accomplishment of this Council during the first few years was to keep the two groups talking with each other. The Veterans Administration Hospital Blind Unit has been recently added to this Council. Presently this Council is involved in answering the question, "Does New Mexico need an Orientation Center?" During recent years it has been quite involved in establishing a Summer Program for the Adult Blind at the New Mexico School for the Visually Handicapped. The Council discussed various ways and means for formalizing public school education in New Mexico for blind students. An Advisory Committee and an Inter-Agency Council can be very helpful in developing meaningful programs for the blind within the state. Working with such organizations, as you can well imagine, is not always an easy matter. Members of the Advisory Committee sometimes desire to disregard the guidelines under which they function and develop statements of policy, and in the case of the Council an overly ambitious or intransigent member may forestall any committee action.

I believe that adequate guidelines must be established in the case of organizations and goals clearly defined, and in this way meaningful dialogue can develop.

Until there is greater involvement on the part of consumer groups in the agencies' programming process, I think the pressure will continue to increase. This will not only be true of agencies for the blind, but will exist throughout HEW's broad spectrum of services. There is a pervasive mandate to establish advisory committees throughout government.

The day of functioning in isolation or in a vacuum is over. I believe the theme for the future is consumer and community involvement.

ASSESSMENT AND EVALUATION

GENERAL CONSIDERATIONS FOR ASSESSMENT

G. D. Carnes - Director, Rehabilitation
Counselor Education Program,
University of Texas at Austin

Proper client assessment in rehabilitation counseling contributes to savings in several areas. Time is saved for the counselor and client by avoiding unrealistic goals, unfinished plans, and discoveries by the most inefficient manner of learning--trial and error experimentation. Finances are saved leaving more resources available for other clients and the damaging effects of failure experiences are avoided for your clients. In short, through proper assessment and evaluation a good prediction for the outcome of a contemplated endeavor may be achieved without exposure to the investment of time, expense, and the risk of failure.

More positively, planning and improved guidance counseling proceeds directly from proper evaluation. It is often not necessary to place clients in the real life situation to assess their chances of success. All too often this is exactly what is done when proper assessment could have predicted the inevitable failure. I have seen clients started in college programs when intelligence testing could have predicted that their chances of ultimate graduation were nil. I have seen clients started in vending stand training programs when personality assessment could have predicted their lack of capacity for relating to the public. I have seen clients encouraged towards mobility through cane travel when an assessment of their emotional stability would have revealed the lack of stress tolerance and recommended the use of a guide dog. These examples illustrate the basic concept; it is possible to generalize from a part to the whole and consequently predict potential success.

To clarify this point, some discussion of sampling is required. If it were desired to assess the production of a bakery obviously one could not eat part of every cake or there would be no production. Therefore, a sample is taken at regular intervals and these findings are generalized to infer that the results are little different than findings would have been from a test of every cake. It must be noted that this process involves certain assumptions that

will be discussed later, the most important one being that each sample is representative, that is, each piece tested is exactly similar to any other piece that might be chosen. Alternatively, when a physician listens to a heartbeat he really is taking a sample, assuming that this is typical of the client's heart action. My point here is that we use sampling routinely every day in life but may not recognize that this is what we are doing. Human behavior offers the same capacity for sampling of thought and action if it is only utilized. We form impressions during our early interviews with a client and these, in fact, are really samples for we infer that he is like those ideas we form with only a few minutes of contact with him. Were he intoxicated, upon drugs, bordering upon a diabetic coma then our impressions would be inaccurate and not typical of him. Under these circumstances we can say our sample of behavior would not have been representative, and thus we could not have generalized to predict how he ordinarily acts or thinks. In school we cannot test students upon every single bit of knowledge that might have been learned but must take a sample through selection of test items and implicitly generalize to believe that he would have done equally well or poorly had he been examined over all material presented during the course.

Psychological testing is simply a refinement in observing human behavior in a manner that permits generalization so that prediction is more accurate and possible. Psychological testing will reveal very little that a skilled observer could not conclude were he able to follow a client around for weeks and record his every action. Obviously, this would not be feasible, even if permitted, so a sampling is substituted as a short cut. If we were able, for weeks, to observe those items or activities that he moves towards (interests) and those he avoids (adversions) we would know far more accurately what his interests are. Practically, we substitute a wide variety of activities and objects in symbol form and ask him to note his likes and dislikes: these procedures constitute an interest inventory. If our testing is well based, we then can predict what he might physically move toward or away from without the enormous efforts of actual life observations. Equally, we can pose him with learning tasks that constitute intelligence testing and predict how well he will do in school without exposing him to the real thing.

However, since people are alike in so many ways and we often desire a differential prediction the matter is a little more complicated. For example, on intelligence tests most people will succeed in part, so the question is a relative one regarding what level of attainment is necessary to predict success in college. Most people like others to some degree, therefore, how much liking is necessary to constitute a level of interest in people

adequate to justify employment in social service vocations? The answer lies in establishing norms. That is, actual tests are conducted upon the group towards whom the comparison is to be made so the client can be viewed against their level of attainment. In psychological test development, items are found which differentiate between successful and unsuccessful groups and the client is compared to the findings from these groups. If his score on a test of mechanical ability is closer to the unsuccessful group than the successful individuals, then it is more predictable that he will fail than he will succeed. If the degree of his interest in people is closer to the lower level characteristic of accountants than the much higher level found with rehabilitation counselors, then we know that he probably would be dissatisfied with employment in a social service occupation. More specifically, if we know what I.Q. level is typical in a certain college, field of study, or trade school, then we are in a much better position to predict his chances of success. Thus, the results of any test, psychological or otherwise, are almost meaningless without norms for relevant comparisons.

There are important technical points even more complicated that might be mentioned but they are beyond the scope of our remarks today. For example, there is the factor of reliability or how consistently the same finding is produced with different testings. There is validity or how well does the test measure what it is supposed to measure. There is variability or how meaningful are differences from the norms when they tend to vary among themselves from time to time. Fortunately, all of these are matters you have a professional consultant to handle for you. However, they do point up the importance of having a well qualified consultant to evaluate tests, their results, and offer predictions that are justified. Many tests that are in common use today simply are not technically sound, and their results are highly questionable. Frequently, the only reason that they are used is because they are cheap.

Now let us turn to some of those areas in human behavior that may be sampled with generalizations that are useful to rehabilitation counseling. First, we should distinguish between aptitudes and abilities. An aptitude is a potential skill which may be developed through training while an ability is a skill which has been developed to some degree. For example, disabling a small motor and asking the client to diagnose and correct the malfunction would be a practical test of mechanical ability. In contrast, clerical aptitude can be broken down into two factors: speed of perceptual closure and eye hand coordination. If a person possesses these basic elements they can be developed through training into clerical ability, although without them no amount of training will help. Under pressure of time, asking the client to look down two adjacent lists of names and numbers which often are duplicates but sometimes differ in minor ways, and check those

pairs which differ, adequately assesses both of the underlying aptitude elements. This type of approach need not be limited to technical, objective instruments but can be applied at many points in plan development. For example, those elements required in vending stand operations can be analyzed and tested separately before the client is exposed to the total complexity of training or job trial. If he is unable to make change, relate to people successfully, assume responsibility, or manage effectively then a failure would be predictable to the extent that assessment falls short of the job norms. More positively, some positions might require less of one element than another and an alternative placement might be recommended by the results of testing.

Assessing the client's capacity to behave intelligently in life is one of the most useful types of evaluation. It certainly should be required as part of any college goal consideration. Several studies have correlated general intelligence with rehabilitation success. Generally group tests of intelligence are not sufficiently accurate for individual prediction and the Wechsler Adult Intelligence Scale (WAIS) is customarily employed. This is individually administered by a psychologist who is trained and qualified to do so. The WAIS is divided into two parts: a verbal and a performance section, and has eleven sub-tests in all. The tasks range from answering questions about life, calculating arithmetic problems, and defining words to assembling block designs and arranging comic picture puzzles. Typically, individuals attain at about the same level on each of these quite varied tasks whose inclusion stemmed from years of research upon items representative of intelligent behavior.

Three levels of interest must be distinguished for any discussion of interest assessment. The most surface level lies in the client's conscious vocational choice. This may be realistic and consistent with his abilities or it may be subject to distortion. Being surface, it is most easily influenced by outside influences such as his limited concepts of what a disabled individual can do. The next level we might term the pre-conscious, or that just below the surface. Sampling this level is best illustrated by the Kuder Personal Preference Record (Vocational) in which the person chooses the activity he likes most and the one he likes least among sets of three. The results are depicted in broad activity categories: e.g., Outdoor, Mechanical, Clerical, Persuasive, and graphed in percentiles. Again, being near the surface, this level of testing may be influenced by inaccurate self-concepts or misperceptions of the limitations of disability. It requires only a 9th grade reading level, however, and is useful for clients whose goals are unskilled or semi-skilled at best.

The third level of interests we might term the unconscious level and illustrate its measurement by the Strong Vocational Interest Blank. Many of you may not have heard of this test since its use has been inhibited by the scoring expense. However, it is one of the most predictive instruments we have in psychology today, and the late E. K. Strong spent his life in its development. He has published a book describing thirty year follow-up studies attesting to its predictive efficiency, and I could speak for hours about the many stimulating ideas that have emerged from its usage. A series of 399 items whose content ranges from school subjects, recreations, to kinds of people, are responded to by checking either "like," "indifferent," or "dislike." The pattern of answers is compared by a computer to people chosen because they have been happy and successful in their vocations. The profile sheet currently provides comparisons to individuals in fifty-five representative occupations including, for example, sciences, office work, sales, skilled trades, social service, and creative writing. Personality keys provide information regarding affinity for academic achievement, management, occupational level, masculinity, maturity of interests, etc. In my opinion, it should be routinely administered to any client seriously considering a college goal.

Personality tests must be distributed along a dimension of structure for purposes of discussion today. This refers to the degree of freedom allowed the client in his manner of responding. Highly structured personality tests, such as the Minnesota Multiphasic Personality Inventory allow only a "True" or "False" reply, while semi-structured sentence completion tests allow more freedom within a specified content area. Unstructured tests such as the Rorschach Ink Blot Test allow almost complete freedom. The MMPI compares the client to psychiatrically diagnosed patient groups regarding whom his pattern of answers appears more or less similar. Many studies with rehabilitation clients attest to the usefulness of this instrument in detecting instability, deviant motivations, or problem areas to be anticipated. The sentence completion tests specify an area, e.g., "A physical disability means--" and the client must complete the sentence in any manner that appears desirable. Into the ambiguity, the client projects his own tendencies and thus reveals those forces within him that guide his thoughts and actions. The extent of projection is maximum in the Rorschach or Thematic Apperception Test (TAT) which is more often feasible for use with visually disabled clients. The TAT is composed of many cards displaying pictures of people in various situations, and the client is required to compose stories about these pictures. I have often verbally sketched these pictures and requested the client to produce stories to my verbal stimulation. The projections elicited in this

manner provide the skilled psychologist with considerable information regarding the client's customary defense dynamics and especially an assessment of his interpersonal relations. The potential value of personality assessment is exemplified by the Carnes and Bates study just completed in which 112 unsuccessful rehabilitation cases were predicted correctly without exception by a Rorschach variable (excessive numbers of anatomy responses).

It must be emphasized that tests are designed to answer questions that are posed by the user. Thus, not only must the counselor have a good psychological consultant available but also he must know the areas within which the psychologist can be of assistance. Further, the counselor must know something of the psychologist's work to be in a position to evaluate his ability. A good consultative resource can save the counselor a great deal of time, effort, frustration, and expense by sampling behaviors and predicting outcomes. The counselor can do much more of this himself through the interview once the general principle of behavioral sampling, generalization, and prediction becomes meaningful to him. A counselor I know sets up "test situations" using his secretary and varying his own treatment of some clients to assess how they would react in life given certain types of circumstances. However, let me repeat, you must know what it is you desire to predict before it becomes possible to sample and assess possible outcomes.

One last point might be covered: it is frequently asked, "How do you make a referral to a psychologist?" The answer lies in your attitude and how well you convey it to your clients. Often they will misinterpret a psychological consultation as evaluation for mental illness. This must be prevented. I've developed a formulation of remarks for this purpose that might be illustrative.

Rehabilitation is sort of like a carpenter that wants to save every piece of lumber so he measures every board to see where it might fit. This is what I suggest we do regarding you, measure you in all sorts of ways to find out what things you might be able to do that we haven't even thought about. Then, like the carpenter, when an opening just that size appears we're ready to fit you into it. This is not a pass or fail testing, it is a measuring so we can know exactly what you are like

This conveys the essence of the helping attitude, avoids the mental illness concept, and hopefully involves the client's cooperation in the process. Naturally, how well it works depends upon how sold you are on the idea and the way you respond appropriately to the inevitable additional questions.

In conclusion, let me repeat that proper assessment and its discussion with the client can avoid needless expense, time, frustration, and failure. It can positively redirect goals, refine alternatives, and elicit possibilities. It can become the heart of superior guidance counseling and insure efficient case flow. Most importantly of all, it can prevent wasted years and efforts out of the client's life and add immeasurably to that feeling of satisfaction that comes from the knowledge that you have, in some small part, helped remake a human life.

SPECIAL CONSIDERATION FOR ASSESSMENT OF THE BLIND CLIENT

Mary K. Bauman - Director, Personnel
Research Center,
Philadelphia, Pennsylvania

The Psychologist who attempts to do a psychological evaluation of a blind person has two special problems: 1. The technique of administering tests to a blind person, and 2. The evaluation of results in the light of blindness. This implies that he must constantly question and reconsider his results because of the impact of blindness. Nor is this merely the impact of blindness on one individual.

Indeed blindness happens not only to the individual but to his family, to his school if he is a student, to his employer if he is a worker and, to some extent, to his friends and even to his medical doctor and his ophthalmologist. The impact of his blindness upon all of these people affects their handling of him and consequently affects both his opportunities and his concept of himself.

Indeed blindness occurs in the context of society itself and the impact on the individual is affected by narrowing rings of attitudes from broad society to those individuals closest to the individual. Over the centuries society has taken at least three views of blindness. Earliest records indicate that the blind person was almost always a mendicant. The phrase "blind beggar" is very frequent in ancient literature and it would appear that begging was thought of as the proper and appropriate thing for a blind person to do. In the middle ages society seems to have decided that it should take care of blind people without forcing them to stand on a street corner and beg and consequently, especially in relation to the churches, institutions grew up which gave protection, "asylum," to the blind. In these special asylums they might be employed in various ways but they were assured of protection. Only rather recently have blind people been looked upon as potentially the equals of all other people, able to work, welcome to an education, and neither beggars nor institutionalized individuals. Yet within our culture we find some residue of the two earlier attitudes. Blind beggars are still accepted in our culture

and in many ways both in institutions and through laws which affect those who are not in institutions we still give special protection to the blind person.

The advent of any child within a family tends to disrupt family life at least briefly but the birth of a normal child usually brings much satisfaction and the family has a sense of fulfillment. When the family promptly learns that the new baby is blind, that fulfillment and satisfaction are destroyed and many emotional, social and economic effects upon the family are negative. The mother is likely to center her care in the inadequate child, relatively neglecting both the father and other children. The family may be ashamed and certainly disappointed that the child does not uphold the family pride and will not be a member of whom they expect great things. Some families under these circumstances actually hide the child. Other families abandon the child, while still others may simply deny the handicap especially if the child has partial vision. Another possible effect upon the family is the feeling of guilt. The question, "Why did this happen to us?" is so often asked. And, indeed, in some cases the family may be guilty and blame for the blindness of the child may be one of the reasons for the frequent breakup of families in which blind children appear. Certainly the number of broken families is great among blind children. The father is more likely to leave but in some cases the mother is the one who cannot cope with the responsibility and simply abandons the child to the father or to some other relative.

However when the family does remain together they may nevertheless reject emotionally and in more than one case blind children have told me that they felt their siblings were preferred above them. Deep-seated rejection may result in over-compensation on the surface, often in the form of over-protection, doing everything for the child, babying the child and denying him the very opportunities for broad experience which would help to make him normal. Every rehabilitation agency knows a few clients in which it is impossible to give help because the family rejects the whole concept of blindness and will not work with an agency so titled.

However, in the best adjusted family the advent of a blind child raises problems, for indeed the parents are unlikely to know how to handle this child. They need help in order to know how to compensate for lack of vision, not by over-protecting and doing everything for the child but by providing those extra and special experiences which will enable the blind child to have a broad concept of his environment, to learn to do things for himself and to develop at a normal pace. The family needs guidance with regard to how to discipline and how much to expect of the child. This very genuine need emphasizes the importance

of early agency contacts with the family of the blind child and it emphasizes very much the importance of the physician and the ophthalmologist since they are quite frequently the first professional workers who do have both the confidence of the family and ample contacts with them to give the needed advice. When the physician or the ophthalmologist himself feels guilty as in some cases is true, he finds it quite difficult to handle this responsibility in a truly professional way. One of the most important things that we can do to help blind people and the families of young blind children is to educate physicians and ophthalmologists with regard to what blind people can do, how normal and productive their lives can be, and with regard to what the agency can offer. An early referral from the physician or ophthalmologist, plus a relatively unemotional handling of the blindness itself can do a great deal for the family.

However, loss of vision is more likely to occur later in life than at birth or immediately following birth. Here we have a totally different kind of impact of blindness on both the individual and the family. The man who becomes blind after he has been supporting his family and who as a result of his loss of vision also loses his job may find that he has lost essentially his position as head of the house. Because he no longer supports the household, his children may question his authority and his wife feels the freedom to make decisions without consulting him. In many cases a loss of vision also means the breakup of a family, the wife going off with the children or at times simply abandoning both her husband and her children. Nor can we minimize the real problems of economic security which come to a family where the breadwinner loses his vision. Particularly if there are young children so that the employment of the wife is not an easy solution to the problem, the family may have to face a very serious reduction in income, in social status and obviously in its own feelings of security.

On the other hand blindness also happens to some people who have been employed but never very successful, always on the edge of failure and always feeling inadequate. For them blindness may be a means of escape, a socially acceptable excuse for the failure they already have been experiencing. Now they can depend upon someone else, upon a relative or upon society through its pension, and few will openly criticize. The need to compete, the need to take responsibility for one's self has been relieved. For such individuals blindness is almost a welcome excuse for dependency. Yet many who attempt to live on the blind pension are quite ambivalent about it. Their ambivalence arises from the fact that they have too little confidence in themselves to be willing to try a job which would result in loss of the pension yet the income of the pension is

too little to provide a good life. Such anxious people live unhappily on the edge of economic disaster for years, fearful of any positive move toward a job yet never safe or comfortable.

In many cases the first reaction to blindness in adult life is one of marked depression. The psychiatrists, particularly Cholden encourage us to believe that a period of mourning is a necessary step toward adjustment to loss of vision. The individual must mourn the sighted person he once was and abandon that person in order to become truly a blind person. This period of mourning varies in length and in intensity and it is often the responsibility of the rehabilitation counselor to try to help the individual come out of that period into a more positive point of view. Sometimes this can be accomplished by enabling the newly blinded person to meet a blind person with similar interests and abilities who has succeeded, a blind person with whom the newly blinded individual can identify and communicate and from whom he can take a model for himself.

Yet other forces in the environment may keep the individual from quickly adjusting and becoming independent. At times quite unconsciously he uses his need for help, his dependency, to control those around him. He may even tend to punish them by demanding more and more of them. On the other hand, in too many cases someone in that environment encourages dependence and has no wish to have the blind individual become independent. This is particularly often a wife or a mother whose children are grown and who has found little reason to feel needed and wanted since those children are independent. With the blindness of the husband or of the son, this woman again finds a need, a purpose for her own life and she can be quite resistant to the rehabilitation counselor's efforts to make this blind relative independent. Under circumstances such as these counseling must go far beyond the blind individual himself and include consideration for the need of the wife or mother.

Less dramatically blindness does have an effect upon a school, upon an employer and upon friends all of whom may protect and over-protect, all of whom may be uncertain just what they should do and how they should handle this individual. Since one can rarely go in person to counsel all of these people, the rehabilitation counselor can often best handle these relationships by carefully preparing the blind person himself to deal with the problems that arise.

But certainly there are direct effects of the blindness upon the individual and we should not minimize these. If born blind or blind very early in life, the individual is unlikely at first to be aware that he is different from others but as he gradually realizes it, as

he faces the fact that others can do things he cannot do, his picture of himself will be shaped largely by the extent to which he finds himself accepted by those around him and the extent to which he truly can compete successfully with them. Early development of mobility, communication skills, and social skills, place him in a far better position to compete successfully and strengthen his own concept of himself. Particularly to be avoided are outward manifestations of tension, sometimes called "blindisms." Rocking movements, rubbing the eyes, facial twitching, all add to the difference between the blind child and the normal child and add to his disadvantages in a social group. Yet all of these movements may have neurological basis and often reflect the loneliness and inadequacy of the ego. Thus they are both effect and cause.

As the blind child goes to school and moves up the grades he will, of course, find it quite difficult if not impossible to acquire some concepts. How can one explain what a cloud is, for example. Yet from the point of view of the psychologist and his psychological testing procedures this actually has very little effect. In a job or in certain life situations this lack of real meaning in words or even in situations may have significance but it plays little part in an I.Q.

More significant is the fact that the child who must get his lessons through braille or through having someone read to him is tied to a slower study procedure than is the sighted child who is a good reader. Braille reading is slow and the books are large and cumbersome and when someone reads to you, either on tape or directly, that reading is obviously at somewhere between one and two hundred words per minute which is much slower than the good reading rate for the sighted student. More time is consequently needed to study and indirectly one must say that more energy and more motivation may be needed. There are some real difficulties in taking lab courses, in taking tests, etc. None of these are insurmountable, but they must be met. Equally significant during the school and college years are the difficulties in being admitted to the classes he wants. The blind individual all too often finds that he is eliminated from an industrial arts class for example, or from a laboratory class in the sciences because the teacher does not know how to cope with activities for the blind child. Another possible problem arises in the fact that too many teachers feel they must help the blind child compensate by giving good grades when they have not been earned. A rehabilitation counselor must carefully scrutinize a school record for the possibility that at least some teachers have not marked on the basis of fact but on the basis of their own feelings about blindness.

Many other factors have at least some effect upon the concepts an individual has of himself as a blind person.

The age at which he lost his vision, the cause of the visual loss, whether it was sudden or gradual, whether the circumstances were particularly painful or dramatic--all of these have some effects. Thus we can safely say that the phrase "the blind" is very erroneous. Not only is its implication that all blind people are alike completely wrong but, indeed, blind people are more different than other people. They differ along all the lines that the sighted differ on, plus the many ways in which blindness itself can affect the individual. Consequently the rehabilitation counselor must constantly consider the particular individual with whom he is working at that moment, that individual's history, that individual's hopes, that individual's abilities. There can be no generalization.

TESTS AND THEIR INTERPRETATION

Mary K. Bauman - Director, Personnel
Research Center,
Philadelphia, Pennsylvania

The psychologist who is asked to test a blind person is sometimes tempted to say he cannot do this not because of limitations in his professional knowledge but because he does not know how to guide a blind person, how to explain visual material to him, and generally how to deal with the ways in which blindness changes or may change an interpersonal relationship. The obvious remedy is to learn how to deal with these personal sources of awkwardness so that both he and the client can be at ease. This may be less a concern in dealing with young children since they are usually brought to the psychologist by their parents, a teacher, or someone else who can bridge this problem, and in many cases the adult can tell the psychologist what help he needs and thus dispel the awkwardness. In short, there is less to worry about than one might think. However, brief illustrated brochures of information on how to guide, orient and otherwise give needed information to a blind person can usually be obtained from a local agency for the blind, and it is worth getting one of these if only because it helps to put the psychologist at ease!

With regard to the testing situation as such, a fair guide is to tell the blind person all that pertinent information which a seeing person, child or adult, would naturally obtain through sight. He must tell the blind person everything except what the test is testing so that he eliminates as nearly as possible the possibility of actually testing tactual discrimination when he meant to test speed or orientation when he meant to test ability to follow instructions.

It is easy to adapt questionnaire types of tests, whether in the field of personality or in other fields, to use with the visually handicapped by reading them aloud, either in person or through tape recording. While individual reading and oral answering of a test may be comfortable, it does deprive the testee of the privacy the sighted person has when he reads a test for himself and records his answer by paper and pencil procedures.

It is possible to obtain strips of tickets which are already numbered, the kind of ticket frequently used for selling chances or for admission to various events. A roll of these tickets can easily be prepared so that it contains the correct number of tickets needed for the test to be administered, and each tenth (or other designated) ticket has a hole punched through it. If this is used with a recording of the test, the voice on the recording can state when the next ticket should have a hole punched through it, and the client can be instructed to let the test administrator know if he does not come to such a punched ticket when the voice indicates that he should. Thus, there will be constant checks on whether he is working with the correctly numbered portion of his roll of tickets. Provided with such a prepared roll of response tickets, even clients of rather limited ability can usually respond correctly to a tape recorded test with all the advantages to the client of privacy and to the psychologist of saving his time and the boredom of personally reading the test.

Measures of Learning Ability

A study by Bauman (1) showed that the single test most frequently used with blind clients of all ages by psychologists in United States was some form of the Wechsler test. In a very large number of cases, only the Verbal Scale was used, but many psychologists also used the Performance Scale where the client had useful vision. The WISC or WAIS were most frequently used, but a number of psychologists accustomed to the Wechsler-Bellevue II found it entirely satisfactory. All three of these verbal scales can be used with essentially no modification.

Interpretation of the Wechsler Verbal Scales must of course be done in the light of the child's or adult's opportunities for learning, but this would be true for sighted children, too, and most psychologists feel comfortable with this. For example, they realize that when information, arithmetic, and vocabulary subtests are low, while comprehension and digit span are high, this probably means some form of deprivation academically. The source of the deprivation may be different for the blind child, but the implications are the same.

Prior to the publication of the Wechsler Scales the Interim Hayes-Binet was widely used, and it continues to see some use among psychologists long accustomed to it. Carl Davis, Psychologist of Perkins School for the Blind, has for the past several years been working on a new adaptation of more modern versions of the Binet, to be known as the Perkins Binet. Into this he has built performance as well as verbal items with far better balance and when this becomes available in the near future, it should provide an excellent resource for evaluating both types of learning ability.

Individual Performance Tests

For many years, those who worked with the visually handicapped and more especially those who evaluated many totally blind persons, felt keenly the lack of any source of the kind of information the psychologist is accustomed to obtaining, with sighted persons, through performance scales.

An early effort to fill this gap was Bauman's Non-language Learning Test. The NLL has the advantage of being usable with almost all ages since a very few capable pre-school children do it well, while it can be a challenge to the totally blind adult. It also has the advantage of enabling the psychologist to watch the reactions of the testee far better than many tests permit. Through changes in the mode of presentation, the same material can be varied somewhat in level of difficulty and be used both as a measure of problem-solving and as a measure of learning. Its disadvantage (if disadvantage it is) lies in the fact that it becomes more and more meaningful the more the psychologist uses it--which implies that the first couple of times he uses it, interpretation may be difficult.

The NLL consists of a formboard containing eight holes, two of oval shape, two diamonds, two rectangles, and two hexagons. These holes are filled, in some cases by two blocks, in some cases by three blocks, which are interchangeable between holes of the same shape. The board is set up by the test administrator by removing four blocks, one half block of each shape, and so rearranging the blocks within the board that moves which follow certain rules will readily get the removed blocks back in place.

Interpretation of the results relates only to a small extent to the speed with which the blocks are actually returned to the board. In addition, valuable information is gained from such factors as ability of the client to apply the rules, ability to react flexibly when he makes an error, tendency to repeat over and over again the same incorrect move, planfulness versus obvious trial and error, initiative in departing in a useful way from the procedures originally taught, etc.

Haptic Intelligence Scale

Although Shurrager states in the manual that the HIS was not intended as an adaptation of the Wechsler Performance Scale, some subtests were obviously inspired by the WAIS and the blind persons selected by Shurrager as a normative group follow closely the proportion of various ages, sexes, and geographic patterns, in the WAIS normative group. As is true for the WAIS, norms start at age sixteen.

The test consists of six subtests:

- Digit Symbol:** This consists of a series of shapes presented in raised form and numbered from one to six by raised dots. The same six forms are then presented in random order, but of course without the raised dots, and the testee associates the proper number with each form. The more quickly he learns to do this and moves correctly and speedily through the naming process, the better his score is.
- Block Design:** This is an adaptation of the Kohs Block Design Test in tactual form. The testee is asked to copy designs through various placements of four blocks which duplicate the colors of the typical Kohs with variations in texture.
- Object Assembly:** The parts of four objects, a doll, a block, a hand, and a ball, are presented in succession, and the client's score depends upon the speed and accuracy with which he assembles each object from its parts.
- Object Completion:** Small objects such as a comb, an animal, a lock and a telephone are presented with some important part missing. Obviously, the client must first identify the object and then indicate what part is missing.
- Pattern Board:** This is a pegboard with a fixed center peg around which designs of increasing difficulty are first set up by the test administrator and then copied from memory by the client.
- Bead Arithmetic:** The abacus is the basis of this test in which the client is first taught how to identify and read numbers of increasing complexity, how to set these up himself, and how to add.

Much excellent professional effort went into the development of the HIS, and it was hoped that it might truly satisfy the expressed need for a performance scale to be used with the WAIS Verbal Scale just as both verbal and performance scales are almost invariably used with sighted testees. In practice this has not worked out to any large extent for at least some of the following reasons: (a) Administration time can easily run over one hour, sometimes even over two. Frequently it is

inappropriate to use this much of the test day on the measurement of mental ability especially in view of the fact that there is a high correlation between this and the verbal scale and especially when the psychologist must complete his evaluation within one visit by the client to his office. Interest, personality and special ability measures may also be an important part of the evaluation and require their fair share of the time available.

(b) Norms of the HIS do not go below age sixteen.

(c) Norms are based entirely on a group without useful vision. In the practice of most psychologists there are more partially seeing than totally blind individuals. (d) The abacus subtest is invalidated if the client has had prior training or experience with the abacus. (e) Clear research evidence is not yet available to show that the HIS is indeed measuring the same thing the Wechsler Performance Scale measures and interpretation of the results is clouded by this lack.

Stanford Kohs Block Design Test

Following a lead by Owaki in Japan, Dauterman and Suinn (2) adapted the general idea of the Kohs Block Design Test by making the blocks larger, rough and smooth rather than varied in color, and varied in the complexity of the pattern to be copied from a very simple to unusually complex task. Unlike the HIS, where six kinds of mental operations are evaluated, the Kohs adaptation has the disadvantage of using a single kind of material, and a few otherwise very competent blind people simply do not seem able to work with this concept so it proves to be no real measure of their total performance ability. Also, for some totally blind clients the test can be very time-consuming and fatiguing. Perhaps its most significant disadvantage is again that no norms are available below age sixteen. However, it has the advantages of norms for both totally blind and partially seeing, the material itself is not cumbersome, and opportunities to evaluate how the client approaches the task are considerable. There is also some evidence, not yet documented by a formal study, however, that reactions typical of organic brain damage can be detected, especially when the client loses his concept of squareness, shows reversals, etc.

VISAB and TRP

The Vocational Intelligence Scale from the Adult Blind and Tactual Reproduction Pegboard were developed by Jones and Gruber as part of a complex project at Purdue University under the direction Tiffin (3). Persons used to develop the norms of these two tests were also used in other published studies including the Sound Test which will

be described below. The detailed information thus available on this normative group could be an advantage, although this is probably more true in relation to research than in the application of the tests by typical psychological evaluation of individual children. Again, norms begin at age sixteen, but norms are available for both totally blind and partially sighted. Neither test has had a great deal of acceptance, perhaps because each measures only a single kind of mental operation, and there is limited evidence concerning just what can be predicted, in the practical sense, on the basis of these scores.

Other Aptitude Tests for Special Abilities

Almost any completely verbal special ability or special aptitude measure can be used with visually handicapped persons of appropriate age and background. All that is necessary is to change the mode or presentation from ink print to braille or large print or oral means. Ordinarily, the psychologist will need such measures only occasionally and directly reading the test to the client is likely to be the most feasible procedure. If we are careful to recognize that for the blind (and, indeed, for the sighted) success in selling or in supervision, for example, requires qualities of personality and interpersonal skills in addition to the specific "how to" knowledge usually tapped by the special ability test, prediction on the basis of such test results is no different for the blind than for the sighted.

Group Test of Aptitude and Achievement

Scholastic Aptitude Test

Widely used at the junior and senior high school levels, and required for admission to many colleges, the Scholastic Aptitude Test of the College Entrance Examination Board has been put into braille and oral presentation form, with answers typed by the student. The tests are distributed by CEEB under the same control applied for the sighted student, must be administered by approved persons and returned to CEEB for evaluation. The results are treated as the equivalent of scores resulting from the regular printed version of the test.

However, procedures for the administration of this test to blind students are most generous, allowing almost unlimited time and therefore permitting each student to proceed at his own pace. No clear study of the effect this lack of time limit may have on predictive value has been made.

Stanford Achievement Tests

Achievement was one of the earliest areas of concern in the evaluation of visually handicapped children

and the record of use of various achievement tests goes back to 1918 with adaptations of such materials as the Gray Oral Reading Check Tests, the Metropolitan Achievement Tests, the Myers-Ruch High School Progress Test and many editions of the Stanford Achievement Tests. Nolan (4) has excellently described the problems in adapting such standard tests to use with blind children and any teacher who considers making such an adaptation would be wise to read his discussion.

Much time and effort has been put into the adaptation of Stanford Achievement Tests, Forms X and W, so that there is every reason to suppose that these two forms can be used with confidence. However, the time required for their administration is far greater than the time required for the regular print versions with normally seeing children.

Other Group Tests

A similar careful and technically complex process was used to adapt the Sequential Tests of Educational Progress (STEP) and the catalogue of the American Printing House for the Blind also lists the availability of the Cooperative School and College Ability Tests (SCAT), the Diagnostic Reading Tests, and the Iowa Tests of Basic Skills. The Gray Standardized Oral Reading Paragraph, one of the first tests to be used with visually handicapped children, is also still available. Less frequently used, but helpful in school systems where standards for sighted children are set through them, are many of the California Tests and the Differential Aptitude Tests.

Measures of Social Competency

Maxfield-Buchholz Scale

Although there is certainly no complete correlation, for those with good vision, between intellectual ability and social competency, there is reason to argue that for the visually handicapped correlation between these two is even lower. The fact that the totally blind child cannot learn social behavior by direct visual observation of what others do, the limitations in his experience already to some extent described earlier in this chapter, and the fact that it is often easy for him to let others do things for him, all tend to lower the social competency of those with visual handicaps and particularly those who have been totally blind from birth.

Yet in casual contacts with the public, or even in contacts with fellow students or fellow workers, such skills are often the first, if not the only, qualities observed.

In part for this reason, but also because of the difficulty in using formal tests with very young children, a scale of social development at the pre-school level was

developed by Maxfield, refined several times, and reached its final form in the Maxfield-Buchholz Scale in 1957.

Items at the 0-1 age level are largely physical, such as balancing the head, rolling over, reaching for objects, pulling self to standing position with help, and grasping with thumb and finger. At higher age levels, items concerning dressing, self-care, play, adjustment to group situations, etc., are included. The scale ends at age 6-0 but it has long provided an extremely valuable resource, particularly in view of the unsatisfactory nature of verbal or performance testing materials at the pre-school level.

Overbrook Social Competency Scale

Recent work by Bauman has extended the values of a social competency measure to the young adult level through the Overbrook Social Competency Scale. Although present norms are tentative and the author expects both to enlarge the normative group and to develop standards through the superior adult level, this material can now be used to provide supplementary information on those aspects of individual development which are related to independence in daily living, interpersonal skills, mobility, and many aspects of group activity.

For both the Maxfield and Overbrook scales, administration is through an interview, usually not with the subject himself but with a parent, residence supervisor (in a residential school) or similar person who can accurately describe the typical behavior of the child or young adult. Both scales point up areas in which change might be desirable and in which training and/or counseling could be helpful, so that the record form becomes a guide to improvement. An additional advantage, particularly in the evaluation of the very young child, is that results are based on the child's typical behavior, whereas his response to tests may easily be affected by his health and energy on the day of examination, his fright at being taken to an unfamiliar place for testing, the fatigue and excitement of the trip, etc.

Measures of Manual Dexterity

The psychological evaluation of blind persons in areas other than intelligence and achievement grew largely out of World War II, spurred by both the desire to place blind workers in jobs and the desire to serve men blinded in the war. Since a very large percentage of the jobs then available were factory jobs, evaluation of speed and dexterity in various manual tasks was important.

Today visually handicapped persons find a much wider range of job opportunities available to them and the need to evaluate manipulative skills is reduced.

However, Bauman suggests that dexterity tests can give the psychologist far more information than the mere measure of manual speed.

These tasks provide an opportunity to see the client in action, doing rather than verbalizing. When the client has difficulties, his reactions can be observed and, through repeated assistance and training, his response in a learning situation can be probed. Orientation in a work space, ability to follow patterns of movement, ability to maintain attention and effort at a repetitive task, and sheer motivation (the will to do one's best under any circumstances) are demonstrated. Without these action tests, the psychologist would fail to see quite so complete a picture of his client.

Minnesota Rate of Manipulation

This test consists of a long, narrow board into which round holes have been cut, four from top to bottom and fifteen from one end of the board to the other. Therefore, the board contains sixty holes into which identical round blocks can fit.

For the procedure known as Displacing, the testee moves the blocks, one by one, in a pattern which is simple yet, for some persons, difficult to follow. The ease with which the pattern is learned and the accuracy with which it is followed provide an unusually good measure of orientation in a work space. The operation requires only one hand and may therefore be used with individuals with effective use of only one hand.

The procedure known as Turning requires that each block be turned over with a standard movement sequence which requires both hands and also requires working alternately left and right down the length of the board. Although the difficulties in orientation are much less than for Displacing, a need to change hand movement patterns at the end of each row proves difficult to some clients and the inability, or marked difficulty, in mastering this correlates highly with low I.Q.

Some adjustment is made for variations in amount of vision by giving additional training trials to totally blind persons and norms are available for the totally blind and for those with vision useful in the test situation (i.e., a person who can orient himself visually and does not need touch to identify what is before him).

Penn Bi-Manual Worksample

At each end of the board involved in this test is a pan, one containing bolts and the other nuts. Between the pans are one hundred holes, ten rows of ten each, forming a square. The task requires picking up a bolt with one hand, a nut with the other, twisting them together just enough to catch, and placing them into the

holes. Whether bolts or nuts are at the right of the testee depends upon his handedness. A second part of the task requires picking up, disassembling, and replacing nuts and bolts to the correct pan. The scores are the number of minutes and seconds required to complete each of the two activities.

Of the various dexterity tests, this probably involves the most comprehensive and varied sampling of manual activities and has consistently shown better relationship to success in manipulative jobs. In fact, this is a familiar test for selecting sighted workers for manual jobs. The variation in the task for a blind person lies only in giving much more training time, regularly two complete trials, and in basing prediction as much on the amount of improvement on the second trial as on the actual score.

In addition to the speed score itself, the psychologist may here observe the ability to orient since some clients are totally unable to follow the rows while others do so very effectively, ability to follow instructions especially in relation to how far the nuts and bolts are twisted together, coordination of the two hands in moderately complex movements, and resistance to boredom on a highly repetitive task.

Adjustment for amount of vision is made by giving extra training time to the totally blind, and norms are available for those with and without useful vision.

Crawford Small Parts Dexterity - Screwdriver

The Crawford test involves two parts. The part requiring use of a tweezer to plan pins into holes has not been found useful with blind persons although it might be relevant to some specific jobs for persons with partial vision. The part involving use of a screwdriver and small screws to be placed into thirty-six holes (plus a practice row of six holes) has been very effective in evaluating the ability of blind persons to work through use of tools. Again the score is the number of minutes and seconds required to complete the task but norms developed by Bauman are based upon timing the first three test rows separately from the last three so that improvement with practice can be noted. When this is done (for those without useful vision only), the obtained time for the better half is doubled before comparison with the norms.

Norms are available for both the totally blind and for persons with vision useful in the test setting.

Other Dexterity Tests

Some work has been done with the Purdue Pegboard, and psychologists familiar with other tests such as the Bennett Hand Tool Dexterity Test and the O'Connor tests

have found them useful although norms for visually handicapped persons are not available.

Measures of Personality

Questionnaires

In the area of personality evaluation, perhaps more than in any other area of psychological testing, the familiarity of the psychologist with his instrument is extremely important. Therefore, many psychologists, quite correctly, use personality measures which they know well because of long use with sighted persons and they use them quite effectively.

This applies particularly to the Minnesota Multiphasic Personality Inventory. In Bauman's (1) study of current usage, the MMPI was mentioned twice as often as any other questionnaire type measure. Part of the reason for this is that it is frequently used along with at least one other measure and many psychologists report that they use it only when observation of the client, or his history, suggests problems outside the normal range of adjustment. When interpretation is done with an awareness of some of the special problems of blindness, it is a most effective tool.

Bauman has developed an Emotional Factors Inventory and, more recently, an Adolescent Emotional Factors Inventory, in which items are largely based upon adjustment behavior as described by visually handicapped persons. The first step in the development of both tests was a series of meetings of psychologists with small groups of the visually handicapped; in these meetings the emotional problems experienced as a visually handicapped person were discussed. Some of these problems are, of course, the emotional difficulties common to all people, with or without good vision; other problems are, however, especially related to the limitations and frustrations resulting from lack of vision.

It is recommended that these measures be administered either through large print (for the individual who can read this) or through tape recording as described earlier. This guarantee of privacy in making his response could be important to the blind person and improves the predictive value of the results.

Both tests result in scores on a series of subscales: Sensitivity or the broad tendency to become emotional, Somatic Symptoms of inner tension, Social Competency, Attitudes of Distrust or mildly paranoid tendencies, Feelings of Inadequacy or doubt of one's ability to cope, Depression or lack of the morale and positive orientation so important to accomplishment, and Attitudes regarding Blindness. The AEFI also includes measures of adjustment specific to family, boy-girl relationships, and school. Both questionnaires include a validation scale.

Non-Questionnaire Personality Evaluation

The psychologist who is most comfortable with projective procedures naturally wishes to apply them with his blind clients and this seems particularly desirable with the younger child whose vocabulary and attention span may both be doubtful.

A number of kinds of stimuli have been tried out with various sound sequences among the most popular. Unfortunately, none of these has had enough study and application to be described as beyond the experimental stages, although The Sound Test (5) was part of a larger project in the evaluation of blind adults and does have some fairly solid findings as a result. These findings are based on persons over sixteen years of age and have a rather heavy loading of persons in sheltered employment, but the procedure does show promise.

Various forms of the Sentence Completion Test have had very wide usage and have won considerable approval. With this there seems to be little objection to oral administration although the task could also easily be handled by having the stems tape-recorded and allowing the testee to type his responses. For clients with useful vision, the Bender Visual Motor Gestalt Test and the House-Tree-Person give generally satisfactory results although, again, the psychologist must be concerned with the possible effects of distortion resulting from the visual condition, not the emotional qualities.

Measures of Interest

Although the Kuder Preference Record is much the most widely used, the California Occupational Interest Inventory (Lee-Thorpe) and the Strong Vocational Interest Blank have wide acceptance among psychologists working with visually handicapped adolescents and adults. None of these are adapted in content and the mode of administration is usually large type or oral presentation. For the Kuder, Howe Press makes a raised dot answer sheet, and it is also possible to test several students together by having them type their responses. However, because privacy is less important in testing of interest than in personality measurement, probably the most frequent form of administration is direct oral reading with the reader also recording the responses.

Any interest inventory may be used with visually handicapped persons if they are instructed to make their choices on the assumption that they have enough vision to perform all the activities listed. Most visually handicapped persons seem able to do this, but at times choices do seem to reflect "what I can see to do" more than "what I like to do." To cope with this, Bauman has in the experimental stages an inventory based entirely on content of jobs done or hobbies chosen by blind people.

In the area of interest, interpretation of results may be more challenging than problems of administration. There is a marked tendency, among visually handicapped persons, to make many choices in the social service area and, to slightly less extent, in music. The first of these seems, often, to result from the fact that blindness has often enforced dependence upon others and the individual would both like to repay this and might find ego satisfaction in playing the role of the helper. He has admired those who have helped him and would like the experience of being the person to whom others are grateful. The interest in music arises in part from the fact that the blind person, of necessity, turns to sound as a source of pleasure, and perhaps in part from some extra emphasis on music in some schools for the blind.

Interpretation of Test Results

For all clients, at all times, good psychological reports go far beyond a simple reporting of test results. Tests are merely the tools of the psychologist. His responsibilities include knowing those tools well and using them accurately and appropriately in terms of the nature of the client and of the problem to be solved. His responsibilities also include evaluating the test results and interpreting them in such a way that the findings can be understood and used with confidence and insight by those to whom the psychological reports go--educators, counselors, rehabilitation workers, medical staff, or parents.

Because of the many ways in which the background of the visually handicapped adult may be very different from the typical history, the psychologist must, in the interpretation of test scores for visually handicapped subjects, be especially concerned that he understand that background and that he makes his interpretation in the light of it.

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COUNSELING

THE FIRST INTERVIEW IN REHABILITATION COUNSELING

G. D. Carnes - Director, Rehabilitation
Counselor Education Program, The
University of Texas at Austin

The first interview may well be the most important one in rehabilitation counseling for several reasons, and these constitute the outline of my remarks today. First, in the initial interview the interactive processes between client and counselor assert themselves and can establish patterns that prevail throughout the remaining counseling contacts. Second, a lot happens toward the establishment of a relationship upon which may depend the client's returning for a second interview, or following through with required procedures. Third, important information for early planning usually is elicited and the realism of early plans may depend upon the accuracy of these explorations. Fourth, motivation or re-motivation for rehabilitation can be influenced positively or negatively by this first contact within which you may represent the future as you conceive it to be for your client. Fifth, important arrangements typical to the rehabilitation process begin in this first interview and the client's cooperation often depends upon whether these, sometimes irritating, procedures are handled in a skilled counseling manner. Each of these points requires considerable clarification and elaboration but to place them in an appropriate context some remarks concerning the goals of a first interview are in order.

Leona Tyler in The Work of the Counselor presents a valuable viewpoint on the goals of the first interview that I would like to follow, and further recommend this book to you for additional professional improvement. According to Tyler, the first purpose is to establish the foundations for the relationship. A foundation carries the weight of all that is constructed upon it so the importance of the first interview is obvious. Secondly, this interview begins the "opening up process" which ultimately seeks to "disclose the realities," both psychological and environmental that comprise the client's circumstances. Tyler stresses caution in disclosing psychological realities because acceptance is far more important

than understanding initially. Specifically, she reminds us that most people do not want everyone to completely understand them in depth since this information might be used against them, rather than constructively, for them. It is not until the relationship is well established through acceptance that trust prevents the client's anxiousness at evidences of the counselor's unusual degree of depth understanding. Thirdly, during this time a structure is created for the client that informs him about what happens next. Not only is it consistent with attitudes which value the client's dignity and worth, but practically, it is very important in securing his cooperation for the client to have a good grasp of the counseling process and the arrangements that are to come. Now let us turn to those points emphasizing the importance of the first interview and see how they contribute to, or detract from, these purposes.

By "interactive processes" I am referring to patterns of stimulation that verbally and non-verbally pass back and forth between counselor and client in a manner that may establish regular cycles that become harder to break as they are practiced. For example, if the client learns that, by remaining quiet, the counselor will continue to talk, he may increasingly depend upon the counselor to fill up the time. Worse, if the client is not allowed or even encouraged to participate, he quickly learns that the counselor does not really desire his productions and retreats into silence. Although both participants learn during the first interview, this is a more unusual experience for the client and he generally learns the most about this new type of situation. Thus, what he learns may contribute to, or against, successful continued counseling.

There are several types of habit systems that might be mentioned to illustrate interactive processes besides the "talk time" distribution previously discussed. Another illustration might be the level of generality or focus upon details required by the counselor. I assume that you all agree that for accurate information it is generally best to elicit considerable details regarding the vocational history, type of work, nature of disability, etc. Therefore, if the client initially provides only superficial, vague, or evasive accounts and the counselor accepts this behavior, then a pattern is established in which more is likely to come. In contrast, if the counselor in a considerate but firm manner, focuses upon early topics until a reasonable level of detail is elicited, then the client learns this expectation and is more likely to provide details. Equally, if the client's views are dismissed lightly or abruptly, he is likely to withhold them later, even if they are advanced regarding far more significant topics. The client quickly learns whose views

count and this greatly influences his future remarks. Probably one of the most important factors learned by the client is whether the counseling atmosphere is to be one of relaxed confidence or hasty confusion. If the first interview, or any for that matter, takes place in a noisy, interrupted, swirl of telephone calls and other intrusions, the client cannot be expected to relax and relate to the counselor in a manner required for effective counseling. It is all too easy, in the press of continuing activities, for the client to feel like an unwanted intrusion in the counselor's professional life. Once started, it is even easier for the counselor to respond to the client's emotional withdrawal by diagnosing it as disinterest, and even more pointedly turning toward the swirl of responsibilities and away from the client.

Perhaps I should digress a little at this point and make clear that these vicious circles may be established at the level of interview content or counselor technique. For example, assuming that it is not always possible to avoid potentially disruptive telephone calls during interviews, it is a good counselor technique to develop a habit of impressing upon his memory the exact topic under discussion at the moment of the disruption and immediately after the call stating, "Now we were talking about. . . ." This simultaneously conveys to the client that you really were listening to him and that the flow of counseling had not been too impaired by the interruption. Regarding interview content, Tyler emphasizes how counseling differs significantly from conversation and conversational habits often must be inhibited for successful counseling. For example, alert sensitive attention characterizes the counselor's behavior during counseling while conversation has been depicted as "two dogs fighting over a bone." In conversation, we are trained to minimize unpleasant feelings, reassure regarding unpleasant possibilities, and ignore unconventional, hostile, or crude references, whereas in counseling these usually must be faced openly. In short, a counselor may impair his counseling effectiveness through poor techniques or difficulties in handling the more complex forces that involve the interview process.

We hear so much talk about the value of the relationship that it would appear almost silly to comment upon its importance. Yet, in the press of providing tangible services, this elusive factor is so easily pushed aside that it might be worth some remarks in reminder of its importance. Counselors depend upon the trust of their clients which is essential for cooperation in several areas. These include cooperation by the client in following through with many actions, confidence that permits disclosure of often unpleasant truths, warmth that encourages the necessary expression of disturbing emotions, and sometimes the willingness to try out an idea despite

serious reservations. We might consider counseling generally as an attempt to influence behavior. Clients come to us because in some way they are dissatisfied, unhappy or anxious, and implicit in their contacts is the question, "What should I do?" To the extent that they develop the feelings of trust, warmth, confidence and respect that we term a good relationship, to that extent, we are able to influence them toward constructive solutions.

One factor that may be important in establishing a relationship is termed hospitality by Tyler. By this she means the counselor's attention to the client's comfort, simple courtesy during his visit, and consideration regarding all aspects of the counseling contacts. For example, is he inconvenienced by the appointment time, is he kept waiting, is he treated courteously by your office staff? If you really believe in his dignity and worth, then you will assume the responsibility to make sure that your staff also conveys this attitude toward him in all aspects of the contacts. To put it more bluntly, do you insure that your clients are treated in a manner that you would manifest towards a close personal friend?

Relationship is conveyed in many, many ways, including your choice of words. Does your client hear, "we," "us," "together," and "our" in discussing matters? These terms promote a spirit of togetherness that develops the relationship as much as more tangible actions. Do you sometimes ask, "Now what else is important for us to know?" This type of question conveys a spirit of co-management that speaks louder than all protestations of being client centered.

Techniques of good interviewing can also contribute to relationship development if they are properly executed. For example, it is far different to let the client know why considerable details are necessary in taking the vocational history than to plunge into questions that may be misconstrued as a "grilling." Most people are more or less interested in talking about themselves and if this existing tendency is channeled into understandable values for vocational rehabilitation the client will interpret thoroughness as genuine interest. A client's attitude toward continued questions may be changed by as simple a remark as, "Perhaps a bit more about that job might help us since you seem to be doing some things there that we haven't discussed before." Thus, as you follow good interview techniques such as working back in time, eliciting appropriate details about specific job duties, tracing histories of marriage, divorce, arrests, unemployment, and their relationship to one another. How these data contribute to or against relationship development may well depend upon the way you convey to your client that this information is necessary and of aid to him.

Equally, your own knowledge of his disability, the world, and the rehabilitation process contributes to the

relationship because it is most difficult to respect someone who has proven himself an idiot. Without demonstrated professional expertise a counselor may generate liking from his clients but to put their future in his hands may be something quite different. I suspect that we all have friends that we like but would never allow to invest our money.

While we are on the subject of how relationships are aided by the correct interpretation of good interviewing techniques, the question might be raised as to how regularly you employ other superior techniques during the first interview when important materials are initially being surveyed? For example, do you regularly ask questions in a manner that permits a very wide range of reply rather than one that leaves room only for a "yes" or "no"? You can always pin the client down by additional, more specific questions. Framing the early inquiry in an open-ended manner stimulates a client's contributions which are often those jewels of facts or feelings that were totally unknown. For example, rather than asking, "Did you like that job?" it would be better phrased, "What about that job?" Do you regularly pause and inquire, "Well, how about telling me what we've been saying so far?" This request for feed-back is very valuable and often brings about surprising results that, although unpleasant realities for the counselor to face, are best known and worked on at their outset. I can still recall my consternation at hearing, "I guess the point is that I'm just too disabled for you to help me." Equally, do you phrase your words at the client's vocabulary level and give good examples when you're making points? These, and many more, methods of superior interviewing technique will be found in most good books upon interviewing, and if some of the cited points come as "news" then I'd recommend the value of more reading in this area.

By now it is almost redundant to state that all of these areas combine to effect the client's motivation or re-motivation. Your attitude toward his disability not only contributes to the relationship but also may directly influence him in his perception of its implications. Here, again, professional knowledge is important. For example, as emphasized by Beatrice Wright in her book, Physical Disability - A Psychological Approach, the client's typical struggle between continuing to grieve or abandoning the suffering role for a new coping with life must be accepted by the counselor. To the extent that there is a delicate balance in this struggle, the counselor must be acutely aware of what he is doing and approach with caution. It is the first interview that gives the client his impression of the counselor's expectations regarding disability and what the client's course of action should be. If the client feels that his counselor does not really understand the struggle he is going through, the reactions of people

toward him as "crippled," or the difficulties he will face, then he is not likely to remain open for the type of influence we term "re-motivation."

By the inevitable nature of the process itself, all of these factors focus into the last few minutes of the interview and the arrangements to follow. Tyler correctly points out how, all too often, good counseling deteriorates in the final minutes and leave-taking occurs in a manner that threatens to undo all the earlier relationship building. First, continued contacts should be proposed with a warm interest not a lukewarm neutrality which intends democratic choice but conveys disinterest. Second, those necessary arrangements can be handled in a manner consistent with the most meritorious spirit of counseling previously conveyed. A key is to place the forthcoming procedures in the context of those goals previously discussed and demonstrate arrangements as the obvious next steps in what has just been happening. This means that the counselor must keep those final minutes in mind and begin to point toward them far before they are upon them. To convey an understanding to the client of what is to happen next and its relevance is the least that should be done. Even better is the type of skilled counseling that so highly involves the client in the proceedings that he is eager to learn the results of consultative examinations, etc. and see the counselor again because of the importance to his future. Much earlier in the interview the counselor should pose questions that he knows will be answered by consultative examinations, striving to interest the client in these results. The same basic regard for the client's dignity and worth can be integrated into these aspects of rehabilitation counseling by the skilled counselor since, presumably, they, too, are designed to assist him.

In conclusion, a skilled first interview will equally develop all of these areas simultaneously and naturally lead to those arrangements that continue between interviews. Techniques that foster a good relationship will also assist in motivation and avoid vicious circles of poor interaction patterns while eliciting valid information. The skill required to accomplish this type of "triple mileage" does not develop overnight, or ever, for that matter, without continued work toward professional improvement. We hope that these remarks will help toward this goal and stimulate you toward a study of more literature bearing upon the subject. In your burdened schedules, the time that will be saved and the satisfactions emerging from cooperative clients will more than repay you for the effort. Finally, the knowledge gained from a continued experience that you are doing a better job will justify your study, since it signifies a higher degree of attainment in what your professional career is all about--helping the handicapped to help themselves.

COUNSELING APPROACHES

Robert E. Thomas - Associate Regional
Commissioner, Rehabilitation
Services Administration,
Social and Rehabilitation
Service

Through the years the Regional Office has studied periodically the case folders of State agency counselors. The most important purpose of such case reviews has always been to evaluate the work of the counselors--their method, their approach, their effectiveness. It was at the end of one such case review that the idea of this conference was born. Talking with the late Aubrey Tipps of the Texas agency, I said: "I am particularly concerned with the counselor's effectiveness in serving blind clients between fifteen and twenty-five years of age. Those are the clients that test the skill of a counselor." Aubrey replied: "I agree. Such a person does not know whether or not he can have any vocational career at all; even if he thinks he can, he does not know what his occupation or profession might be, and he has not the slightest notion of how to prepare for it."

We agreed to plan a training program--and to repeat it each year if possible--based on the counselor's approach to and work with the blind client who has a problem in choosing a career. In this course we are studying the heart and soul of the counseling process, for as Lawlis recently observed, "the simplest definition of a vocational counselor is one who helps another person make a vocational choice and to plan toward that goal."¹

Before beginning my remarks about counseling approaches, let me say that I regret that at no place in this conference are we scheduled to talk about how a young blind person develops a need to achieve, how he makes a vocational choice and plans for it. I suppose we didn't for the reason that so far as I know nobody knows much about it. Nobody has systematically studied the problem. Super² as well as others has systematically studied career development but not with special reference to the blind. Likewise, Walter Neff has made an important contribution by attempting to develop a general theory of the work personality,³ but his study does not specifically mention

the blind. We greatly need some research studies in this area. I know of no better place than the University of Texas for such a research proposal to be developed. Considering both the State School for the Blind and the large number of blind students enrolled in the University, we have here in one community the subjects for a substantial longitudinal study of the development of the work personality in young blind persons.

The above comments are beside the point. My purpose is to talk about work personality, but of the counselor, not the client. Unlike Neff I make no effort to develop a general theory. I have only tried to organize the observations which I have made in the course of reviewing the work of counselors. I should, therefore, like to discuss with you five orientations which a counselor might develop. These are: self-oriented, service-oriented, client-oriented, agency-oriented, and professionally-oriented. Needless to say, my comments will be suggestive rather than definitive. Also, I would emphasize that these orientations are not mutually exclusive. Each of you will fit, to some extent, in each orientation. The question is, which is your prevailing or primary orientation? And the problem is, when you behave in line with undesirable motivations, are you aware of your behavior?

The first type of counselor is one who is self-oriented. He is oriented toward his own goals, his own needs, his own motivations. Let me suggest that you test yourself. When a client walks into your office, do you sometimes say to yourself, "Gee, here is the kind of client I need; I can get a sure closure out of him." Maybe you are short on your quota of closures, and you see this client as an easy case, a sure closure. Or perhaps you are short on case service funds and you are looking for a client on whom you will not have to spend much; you want to get your closures but also to keep your expenditures down so you will look good to your supervisors. Or perhaps you worry that you are having too many non-rehabilitated closures. In this case, you don't declare a client eligible for rehabilitation service; instead you put him into extended evaluation since the penalty for unsuccess is less stringent when you close a case from this category, as compared with the nonrehabilitation of a regular service case. Or perhaps you don't like to find jobs for your clients, you don't feel that you are effective at placement; in this case you eagerly accept an applicant whom you recognize as suitable for rehabilitation as a homemaker or unpaid family worker.

There are many ways you can manipulate your intake so as to protect your own success, so as to meet your own needs rather than those of the clients. In the general agency, we often suspect some of this when a counselor has too many of what we call the "three-H cases"--the hernias,

hysterectomies, and hemorrhoids. You counselors of the blind have your own "three-H cases" also. You know who they are. Be on guard that you are not tempted to meet your own needs in serving them. Don't turn them all down, but accept them judiciously, according to their individualized needs, not your own needs.

There are many ways in which you can use your clients to meet your own emotional needs. The psychodynamics of this orientation are complex and you may have difficulty in recognizing your deficiencies in this way. Therefore, it is particularly important that you try to recognize your own emotional needs. When you attend a conference like this one, when you read a professional magazine article or book, or when you talk with a perceptive colleague, check your own motivations against the information or insights you get from these other sources. Some counselors tend by nature to be dictatorial or directive. They can't resist the opportunity to tell somebody else what to do. Others get great satisfaction from helping other people, from doing things for them. In an extreme form this kind of counselor practically wants to be a savior. In a less extreme form he is a sort of mother-hen. Because of his own needs, he does for his clients much that they ought to do for themselves. He can impede their progress in rehabilitation and even make them more dependent than when they came to him. When a counselor operates in this way, his behavior often is reinforced and strengthened. Not only does he have the emotional satisfaction that comes from the client's gratitude; but often his colleagues compliment him on his service to his clients. His colleagues usually do not recognize the dynamics of the relationship; they see only that the counselor is willing to go beyond the call of duty for his client, willing to work overtime, to give up his holidays and weekends, willing to be disturbed late at night and so on.

Some other counselors meet their own emotional needs by letting their biases guide their work with clients. Perhaps your bias is racial, or is based on age or sex. Perhaps you are convinced that a blind person who is an alcoholic or even drinks too much can never be rehabilitated. Perhaps you feel that a welfare recipient becomes morally debilitated and can never be rehabilitated. As you listen to the discussions in this conference, you will do well to think about your emotional needs or biases. Identify them. Bring them into the open where you can reflect on them. Talk about them with your supervisors or colleagues.

There is one other way in which your counseling can be oriented to yourself. You can be concerned primarily with protecting your own inadequacies. It is easy to emphasize those counseling procedures with which we feel comfortable, to do those things we are good at. In reviewing the work of counselors, we notice that some of

them neglect the placement function. If you talk with them about it, they insist that placement is unimportant, or that it is unprofessional, or unnecessary because the client can get his own job. There may be elements of truth in these assertions, but they ignore the larger truth which is simply that the counselor does not like to do placement work. He doesn't know much about occupations; he is anxious and insecure when talking with employers. And besides, there is less pay-off in placement work, since he can get more closures by concentrating on writing plans to get clients into service status.

Let me speak now about another type of counselor orientation that is quite common. I call this the service orientation, or in other words, an orientation toward buying services for your client. If you are this type of counselor, you think you are not serving your client unless you provide him an operation, an appliance, or a training program. And if you buy the service, that is even better. This type of counselor is generally weak on the evaluation of his client; he feels he must "do something" for his client: find him eligible, write a plan, get him into service; don't worry much whether it is the right service; if one service doesn't work, we will provide another. This kind of counselor will say to you: "If I can get enough clients into service status, I won't have to worry about my closures; they will come out of the pipeline at the end, get some sort of job, and I will get my closures." Way back in the 1930's an older colleague of mine often said that some counselors work on the theory that "If you throw enough mud on the fence, some of it will stick." Some counselors still work on this theory: if you put enough clients into service, some of them will turn out successfully.

The service-oriented counselor is usually a big producer of rehabilitation closures. Consequently, he often gets considerable praise from his supervisors. Indeed he may have other good qualities. Often the service-oriented counselor is a good community man. He knows the community agencies; he knows the training facilities; he knows employers; he knows how to get for his client any item of service that his plan calls for. He may actually be a good placement man, although he usually doesn't have time for much placement work since he is too busy writing plans for new clients.

The weakness of the service-oriented counselor is that he is weak on client evaluation or understanding. He operates on the basis of the client's own self-guidance. In the extreme form, he will approve any training program the client asks for. If the client wants to go to college, he will let him try it. If he wants to fill a spot in the local broom factory, that's okay, too. In a less extreme form, the service-oriented counselor doesn't do too badly and usually will not cause psychological harm to his

clients. He will get a lot of closures and a lot of them will be clients that get and hold good jobs. Self-guidance by clients is not altogether bad. You and I, like most people, made our vocational adjustment on the basis of self-guidance.

A third type of counselor orientation may be called client-centered. The client-centered counselor knows his client, relates to him, and provides him with balanced and comprehensive services. The first point is that he knows his client and understands him. He makes an evaluation before he jumps in to provide services. He accumulates appropriate case data, he evaluates them, he makes decisions, he makes predictions, he makes plans--long-range plans as well as ad hoc plans for one service at a time.

Although it is good to know your client, this orientation can be overdone or misdirected. Some counselors almost make a fetish out of evaluating their clients. They overevaluate them and never complete their evaluation. This occasional type of counselor is addicted to the endless study of his client. He uses study as an antidote to action. Consequently, he writes few plans, gets few cases into service status, gets few closures. Pretty soon he usually decides that State agency work is not for him, that he had better teach school, go to work for a private agency, or go back to college to get his Ph.D. I should not spend too much time in describing counselors who overevaluate their clients, for they are not nearly as numerous as service-oriented counselors who underevaluate their clients.

A second aspect of the client-oriented counselor is that he relates to his client. I am talking about the relationship in the counseling interview, but also about the rapport that characterizes his relationship to his client throughout the case process. I refer especially to those qualities which Truax and others refer to as empathy, warmth, and genuineness. I firmly believe that a majority of State counselors for the blind have a natural aptitude for these qualities. They understand the client from his own point of view and are warm and supporting without being possessive or directing. They are sincere or genuine in their contacts with their client. This natural aptitude which I believe most of you have is accounted for by the fact that your State Director tried to pick people with such natural instincts for good interpersonal relations.

A third aspect of a client-centered counselor is that he provides balanced and comprehensive services to his client. It is not enough for you to be skillful merely in the interview situation. You must understand your client diagnostically, you must relate to him therapeutically--or at least helpfully, but you also must provide a planned program of services that will enable him to move ahead to a good adjustment. The client-centered counselor provides balanced and comprehensive services. He counsels

his client against inappropriate services as definitely as he helps him take advantage of appropriate services. He will be as quick to provide a time-consuming placement service as he is to buy an optical aid. He provides appropriate training but doesn't then forget about his client; he helps him over the rough spots. He spends a lot of money for training and other services, but he doesn't make a virtue of just spending money. He takes pride in what the client does for himself, not what he does for the client.

Before describing the last types of counselor orientation, a few comments are in order in reference to the types already discussed. In describing the self-oriented counselor I didn't say much good about him. Clearly, a counselor should not be self-oriented in the way we have described this orientation. Yet he should find his counseling role self-fulfilling; he should find satisfaction in his job as well as be satisfactory in performing it. We have already added some correcting perspective to the service orientation. The service-oriented counselor is not all bad. He does some very good work; he is just not nearly as good as he might be, if only he would keep the strengths of his orientation and build on them.

The same balanced perspective is called for as the counselor develops an orientation to the agency that employs him. I would urge you to understand your agency, understand why it has certain limitations, why its requirements were written into law or into policy manuals. The fact that public agencies have specified eligibility criteria, that we focus on vocational goals in working with clients, that we have certain requirements about closing a case when the job goal is reached--these facts should be thoroughly understood. If you understand the basis for them, you will know that they do not in any way affect adversely your opportunity to work as a professional person within the agency framework.

Agency requirements can be misinterpreted, and from more sources than one. Some poorly trained supervisors interpret them in a narrow, demanding way. It is entirely possible to put agency rules first, and client needs second. But frankly, this does not happen as often as some critics claim. Opposite claims have been made by a few university counselor educators. These academic detractors of the public agency claim that most of the work of the public agency counselor consists only in coordinating and arranging, a nonprofessional activity only one cut above clerical work. They are not only misguided; they are downright wrong. Let us hope that not much longer will the Federal Government give financial support to educators who refuse to get involved in the work of the public agencies to a sufficient extent to discover the challenges and opportunities they present for professional counseling.

Let me challenge you to look at every requirement your agency has and test its appropriateness to your work in rendering service to your clients. Look at your rules on eligibility, on planning, or on closures. Look at your procedures for case recording, for statistical reports, or for paying bills. Look at all of them and insist that they be consistent with providing effective service to your clients. Your agency is a great resource for you as a counselor. To name just a few of the ways it serves as a resource, it provides you with an office and a secretary, with travel funds so that you can work outside your office; it provides you with supervision and opportunities for in-service training; and most of all it provides you with case-service money with which to purchase for your client the services he needs in order to prepare for a job. It is a resource you cannot afford to do without; therefore, you must help in every possible way to keep it flexible, changing, and self-renewing.

I should like now to comment on how one might approach the goal of becoming a professional practitioner of rehabilitation counseling. Many people assume that graduation from a university with a master's or a doctor's degree is a sine qua non of professional status. I agree that it is the usual, and undoubtedly the best, preparation for becoming a professional worker. But it is not the only approach. It is possible for a counselor who has had no graduate training, nor even an undergraduate degree in counseling, to become a professional counselor even though he never earns a single hour of graduate credit.

The essence of a professional worker--in counseling or any other field--is that he maintains a balance between the generalized and the particular. He is in tension between theory and practice, between the rule and the exception to the rule. As an example, we may take Louis Cholden's generalization that

when an adult suffers loss of sight with any degree of suddenness, "he will usually react with a state of psychological immobility that can best be described as a state of shock. During this period, which may last from a few days to a few weeks, he finds himself unable to think or feel. . . ."4

The professional counselor is aware of this statement about how a blind person will usually react, but he is aware that any particular individual may be an exception. If he finds enough exceptions to the rule, he may change or restate the generalization.

The usual conception of a professional person is one who knows the generalizations (that is, the theory) that constitute the body of knowledge of the profession and is able to apply it in practice. The usual approach

is to learn the theory in a course at the university and then learn to apply it in practice. However, the approach can be the other way around. You can start with practice and gradually build your understanding of theory. You can study and learn theory only as you need it in order to interpret your experience.

No approach to professional counseling comes automatically. There are certain requirements--and they are the same whether you begin as a counselor with little or no university training or whether you have the master's degree in counseling. The requirements are that you are honest with yourself, that you maintain your motivation for professional growth, and that you work at it in a consistent, regular way.

When I say that the first requirement is honesty, I mean a sort of personal integrity or nondefensiveness. Let this honesty be reflected in your case recording. The dishonest approach to case recording is to put into writing only those data that support the job objective for which your client will begin training, omitting those additional data that cast doubt on the choice. It is the same for any other case-processing decision. Do you write down the facts that contraindicate your decision as well as those that support the decision? Do you honestly describe the client's adjustment on his rehabilitation job?

An occasional counselor is far from honest in his recording. This is obvious to a reviewer since some case data contradict other data. For example, the client writes a personal letter to the counselor and his letter contains statements not consistent with those entered by the counselor. If you are to be professional in your approach, you must be honest in recording your professional judgments. You can't build on experience, in such a way as to become truly professional, unless you honestly make a record of your judgments and then write down that in some instances they were right, and in other instances wrong.

The second requirement is that you keep records of your own experience. I am not talking here about your usual case recording for agency purposes. Perhaps a better way would be to keep a "research notebook." Use the notebook to observe and evaluate selected aspects of your own experience. For example, let's assume you are undecided how much time you should spend in helping a client get adjusted in the work place during the first few days or weeks on the job. You will find it easier to build your own theory on this than to search for written articles on the correct approach. My suggestion is that you work with fifteen or twenty clients, helping them all in about the same way, and keep a good record in each case of the contribution you seem to make to each client's adjustment. So, after six months or a year, you will have a body of data that you can review and draw conclusions from. There

is no reason why you should not be carrying on at one time as many as six or eight or more of these little "research projects." Technically, these are pre-research rather than research, but they can be tremendously useful not only as guidelines for practice but as hypotheses for controlled research.

The third requirement for the professional approach is that you must read books and articles in order to benefit from the experience and theorizing of other people. You must read in order to get the facts which you must know, facts such as medical or occupational information, or information on the use of psychological tests. But you must also read at least a minimum of professional literature in order to get ideas. You need these as a basis for evaluating your own experience and as a basis for deciding which aspects of your operating experience will go into your research notebook. The advantage of your reading in this context is that you are reading for a purpose. You know what your experience is and you are seeking help through reading in the ordering of your experience. You want to know how to evaluate your experience, how to draw generalization (that is, theory) from it.

In conclusion, you ask, what approach should one take? My answer is this: work comfortably and effectively within your agency, focus your efforts on your client's needs, focus always on his total adjustment; and in this approach strive constantly for your own professional growth. If you will adopt this approach, your training as a rehabilitation counselor will never be finished. I have frequently heard it said that it takes two years to train a counselor. What this means is that it takes two years to learn the agency rules on case processing, to accumulate certain basic information about blind clients and about training or job opportunities for blind persons in the community. In two years you can do this job, but to become a professional counselor of the blind, it takes not two years but a lifetime. But then, how better can you spend your life than by becoming a real professional in the counseling of blind persons?

FOOTNOTES

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CHALLENGES TO THE COUNSELOR

Clayton A. Morgan - Coordinator,
Rehabilitation Counselor
Education Program, Oklahoma
State University,
Stillwater, Oklahoma

A priority challenge to the helping person is to define and re-define his goals, his objectives. To provide a context for refreshing our vision of "What it's all about?" I would like to share two quotes. The first one is from Sarason: "It could be argued with a good deal of persuasiveness that when one looks over the history of man the most distinguishing characteristic of his development is the degree to which man has underestimated the potentialities of men."

Sam Levinson incorporates much of the same thought when he states: "If it were possible to put people under a microscope, one would find the least of them inspiringly beautiful, distinctively designed." Do we believe this? What a great challenge is ours to strive for greater insight, more understanding, and a wisdom that at least glimpses what man is and what he may become! How challenging is our objective of releasing man to a better understanding of what he is--of assisting in releasing him to the wisdom of his own mind!

In some important respects the helping person could be compared to a realtor described in one of Jessie Stuart's stories. This realtor worked in a rural area where the only newspaper was a county weekly. Each week when the people of this community would receive their paper, many would first of all turn to the section advertising real estate. The realtor had a way with words. He wrote his ads in ways that made them come vividly alive. People would often read the ads before they read the news about their neighbors.

A farmer who lived in a semi-isolated area of this community decided he wanted to sell his farm and move to town. He invited the realtor to visit his farm and gather material for a "selling" ad. The realtor spent a full day with the farmer and his family.

When the farmer received his paper the following week he discovered that the realtor as an inducement for

prospective buyers, had written a two column description of what he had experienced on his visit. In growing amazement, he saw revealed through another's eyes things he had either taken for granted or had never really seen. The realtor had written:

I walked down into his Tiber-bottom farm land. And, like the soil along the Nile River, this overflowed land, rich with limestone, never has to be fertilized. I saw cane as high as a giraffe . . . it grew in long, straight rows with brown clusters of seed that looked to be up against the blue of the sky . . . pleasant meadows with giant haystacks here and there. . . .

This Tiber River, flowing dreamily down the valley . . . here one can see to the bottoms of the deep holes, the water is so clear and blue. One can catch fish from the river for his next meal. Elder bushes, where they gather the berries to make the finest jelly in the world, grow along this riverbank as thick as ragweeds. The Stones have farmed this land for four generations, have lived in the same house, have gathered elderberries for their jelly along the Tiber riverbanks and fished in its sky-blue waters that long--and yet they will sell this land. . . .

Their house, eight rooms and two halls, would be a show place if close to some of our modern cities. The house itself would be worth the price. Giant yellow poplar logs with twenty to thirty-inch facings, hewed smooth . . . by the mighty hands of Stone pioneers . . . this termite-proof house . . . this beautiful home of pioneer architecture. . . .

I climbed a high hill to look at the rest of this farm. I walked through a valley of virgin trees . . . beech trees with tops big enough to shade twenty-five head of cattle. Beechnuts streaming down like golden coins, to be gathered by the bacon hogs running wild. A farm with wild game and fowl, and a river bountiful with fish! And yet, this farm is for sale!

Go see for yourself roads not exploited by the county or state, where the horse's shoe makes music on the clay, where apple orchards with fruit are bending down . . . go see a way of life, a richness and fulfillment that makes America great, that put solid foundation stones under America!

When the farmer finished reading the account he paced the floor for a minute and then said, "I didn't know I had so much. I'm a rich man and didn't know it. I'm not selling this farm."

With our objectives re-defined, let us focus attention on ourselves for a moment. As we set ourselves to the task at hand, what must be our basic mind set? What is the greatest challenge to us as we start the adventure of every new day as we attempt a fresh start with each client?

We can examine these questions by starting with a rather simple illustration. For a moment let us think about a lead pencil--a common, ordinary lead pencil. What could we say about a pencil? You can write with it; a pencil has color and shape; it is solid; it has an eraser held in place by a metal ring; it has a point and uses carbon; in time a pencil wears out.

Well, that's about all you can say about a pencil, isn't it? We can put down a fat period. Period. Right? . . . Wrong. There are dozens of additional things we could say about a lead pencil: it is manufactured and we have not referred to its atomic make-up. For that matter is a lead pencil the same lead pencil it was five minutes ago? Scientists tell us no. Theoretically we could talk about a lead pencil all day and still not exhaust things to say about it.

But we are concerned with human beings. To compare a lead pencil to a person is like comparing a handful of sand to the Milky Way. Yet we are unable to exhaust the things we could say about a lead pencil. What about a person?

Is there any known way to insure that we can be fair in our efforts to help our client? How could we--even with the best of intentions--guarantee that what we are doing is "best" for him? The cardinal sin is not that we could ever hope to achieve this ideal. Rather, the pity is that we are tempted to behave as though we have.

Dr. J. B. Rhine has said:

For the most part you'll find, I think, throughout your life, that most of the troubles you'll have will stem from decisions made too quickly, on accepting or rejecting, on deciding or making decisions you don't need to make, making them too strong, prematurely investing too much conviction.

Dr. Rhine's words have the solid ring of truth. However, it does not come easy to defer judgment. To be human, it seems, is to desire closure. We prefer to wrap issues in neat packages with a satisfied chuckle and a final "that's that."

For example, what is our response when there stands before us a person who is blind with a name, a given set of physical characteristics, a social history, likes and dislikes, strengths and weaknesses: a frail human being?

How well do we wear the mantle of deferred judgment when we associate with this person repeatedly? Time and again. From morning until night. We are charged with the

responsibility both to know and help him. We see him functioning in a variety of circumstances . . . when he is hungry, filled, tired, lonely, cheerful, elated. We see him when he is depressed, when he tries, when he gives up.

When do we type-cast him?

When do we make up our mind about him?

Do we give him a batting average after only one time up? What if the first time he strikes out? Or knocks a home run? Do we then decide his fate the second time he is at bat? Or the third? Or the fourth? When . . . if ever?

Do we project his tomorrows as an endless repetition of his todays? Dare we let repeated disappointments dull our vision of what he might become, or the next person entrusted to our care, or the next or the next? Dare we care enough to sometimes be made look like a fool and yet continue to care in the faith that what we are and how we perform may make a difference--if not to this one then perhaps to the next one, or the next? Even in the most routine everyday act there may be a princely opportunity in overalls.

Our basic mind set, then, must be that of one ever on a search for more insight, more understanding, more alternatives. Thomas A. Edison put it well when he said, "There's a way to do it better--find it."

What are some of the resources to be used in our search for "a better way?" The first one that comes to mind is the client himself.

Is not the client himself the major resource person? Do we not rise or fall on his assets? Too often we have talked a good line about being client-centered, when in reality we have behaved as though the professional person or the rehabilitation agency and related agencies and disciplines are the cornerstones of success. What about the clients who refuse our services yet achieve success? Another question: What about the clients who succeed even when we felt there was little or no chance of their being rehabilitated?

Intellectually we have long known how much we are at the mercy of the client for the measure of whatever success we enjoy or hope to enjoy. Perhaps if we internalized this realization--if we felt it--we would approach the helping relationship with an abiding regard for the client not simply as an equal, but as a superior. We or our agency may make the decision to withhold services; based in part on what understanding of himself he gains from our contacts with him, the client makes the final decision whether he wishes to stop or to proceed. What determines the decision?

Can we deny that when he fails, seldom does he fail alone? Can some of our failures be traced to a lack of appreciation of the overriding importance of the client as a resource person?

You might have gained the impression at this point that the counselor is a relatively unimportant person in the rehabilitation process. Nothing could be further from the truth. Already, if you will recall, we have applied such descriptive, functional terms to the counselor as one who helps "discover and develop," and one who assists in releasing people to the wisdom of their own minds.

We have been trying to set the stage in terms of a context, a frame of reference, an appreciation of the client as containing within himself the stuff which ultimately will make or break any rehabilitation plan. This strikes at the heart of providing the climate for a helping relationship. How can a client succeed unless he can appreciate the spectrum of his strengths and weaknesses, his assets and liabilities? And how can a man succeed in the full sense of the word unless he appreciates the unique constellation of factors, qualities, assets, traits--call it what you will--which identify him as an individual in the full sense of the word? This is the understanding of self. This is an appreciation that the whole is infinitely greater than any part or the arithmetic sum of the parts.

This, then, points up the privileged task of the counselor: to assist the client attempt what many feel is a process, never a final accomplishment: self-understanding. The counselor further is charged to assist the client in seeing the reality of many alternatives, of preserving the integrity of the concept of freedom of choice, and of stimulating thought and sparking ideas, of managing in whatever appropriate way the environment so his client will be given an opportunity to fulfill the objectives of the rehabilitation plan. The counselor legitimately shapes the destiny of a client in proportion to the degree he assists the client to a better revelation of himself to himself, of a fuller appreciation of himself as the principal resource person--a person growing in understanding of himself and his environment and with this understanding making choices which can be realistically followed.

We readily can see the counselor himself--what he is: his beliefs, his distinguishing personality characteristics, his capacity and willingness to care, his believability. These and other factors such as empathy and warmth are of critical importance. The counselor himself is technique! This is a subject which would require a separate paper.

In meeting the challenge of finding "a better way," the wise counselor does not stop with the client and himself. He is sensitive to discovering better ways of using the brains and hands and feet and energies and time of others. As the stimulator of learning experiences he is well aware that he must be alert to involve and exploit a broad spectrum of human and material resources which will aid his client in acting on the discovery of self. Within

this frame of reference, we can make a referral without feeling it is a reflection on our professional know-how. Whether or not we know the answers is immaterial. If we do not, the important thing is: do we know where to go to get answers which will provide additional information or help for the client?

People want to be involved; people want to feel needed; people want to find meaning and purpose for living. J. D. Batten has pointed out that "Every human being has a deep hunger for a feeling of significance, and you help fill that hunger when you expect the full use of his talents." For years we have applied this philosophy in our approach to the client. There is every reason to believe that the same principle can apply as we enlist the help of other professionals, volunteers and the lay public.

The story of rehabilitation and the rehabilitation process is the exciting dramatic story of life and living, of people catching a glimpse of what they can become and laying hold of the means of becoming, of achieving, of claiming their birth right of worth and dignity. There is no lack of opportunity for using segments of our population who have not been more fully utilized in the past. For example, there is a wealth of time and talent which could be tapped among many of our retired men and women. There are those who would make excellent tutors. Others could be enlisted as trainers. Who knows what else might be accomplished by using this manpower pool?

One additional sample: What would happen if all the taxi drivers in a city were enlisted in the cause of rehabilitation? What group is more mobile? What group is better acquainted with the community? What group could better serve as the eyes and ears for training and job opportunities? Why not select a "Taxi Driver of the Year" who is honored because of his outstanding contribution in the cause of rehabilitation?

There are many other occupations and groups of people--many other overlooked possibilities. The point we have tried to make can be simply stated: by using care and imagination there are nearly an infinite number of possibilities for working with and through others in our continuing search for "a better way."

We realize there are many other challenges to the rehabilitation worker we have not explored in this paper. Even so, we strongly believe that the areas we have explored are relevant and rate high priority: we must define our objectives; we must develop a basic mind set which positively conditions our working climate; we must look for improved ways of getting the objectives accomplished by using the resources of the client, ourselves, and others.

EDUCATIONAL SERVICES

THE CLIENT AND HIS SPECIAL EDUCATION PROGRAM

Natalie C. Barraga - Professor,
Department of Special
Education, University of
Texas at Austin

Many paradoxes exist in all our lives; however, some of them seem to pose special complexities for teacher-educators, teachers, rehabilitation counselors, and others who try to give assistance to visually handicapped children and youth. To find themselves caught among the confusing goals of various schools and agencies may create quite a conflict for the youth especially when they have little opportunity to define their own goals.

The school is expected to develop the student to the maximum emotional and intellectual level so that he can become an acceptable, contributing member of society; but on the other hand, the rehabilitation counselor--sometimes regardless of the individual involved--may find it necessary to say that "there are only certain vocations or roles which will be open to you in society at the present time."

Can we be surprised that youth who are blind may ask, "How do you or anyone else in society know that I am unable to succeed in roles which no other visually handicapped person has attempted? Am I not a unique individual?" Such questions pose a potential source of conflict for the youth and for the counselor.

On the other hand, take the youth in whom the school has invested much time and effort, suspecting all the while that his potential for independent and personal responsibility was doubtful. His past experiences and history are indicative of his limitations so he has been prepared in a particular skill or "educated" with a narrow focus. He leaves school--sees the counselor and suddenly it is decided that he can be "trained" to "fit a job" that is open; or worse yet, sent to college to broaden him. Could the outcome be an equally conflicting dilemma? Not only has the client failed, but so has the counselor.

Need I say more? You and I have seen such impasse situations as these--all because of the lack of communication between the school and the rehabilitation counselor. We are just becoming aware, it seems to me, that habilitation

and/or re-habilitation begins at birth and extends to death --so does education. What then can we share? What can we learn from each other that will foster the dialogue necessary to benefit the youthful client?

Perhaps educators need to define more clearly the long range goals for each individual and be as concerned with possible performance ten to fifteen years hence as with how many problems he worked today; grades and academic subject matter may be less important for some than development in interpersonal relations; or a style of learning; or independence in thought and actions; or organization of mind; or sense of responsibility. Sometimes we are afraid to let children fail in order to learn; to suffer the consequences for their own carelessness or lack of thought; to try out their abilities in competitive learning with sighted peers. Special education programs may need to re-evaluate curricula offerings to provide an "education for life" for visually handicapped youth. We see the beginnings of a trend in this direction in many of the residential schools; less movement and concern in public schools. Educators could probably learn a great deal more about the role of the rehab counselor--his problems, his resources, and his image of the youth who emerges from our special education programs in local and residential schools. We need you to give us feedback on the vocational, personal, and professional strengths and weaknesses of your clients who come from the schools.

How then may it be possible for us to mediate this communication gap? What are the areas of mutual concern to us and in which we need to share information that will be to the advantage of the student and future client? Let me present a few for your consideration:

1. Family and community from which the youth comes--from this he has derived his basic concept of self, his aspiration and goals, and his pattern of living--his life style. To a large degree his attitudes and ways of thinking and patterns of learning--are influenced by this culture. How far astray from this basic culture can he realistically be led?
2. Exploring and experiencing his world--what opportunities has he had? How does he acquire information? More important, of what use is it to him? Does he actually know the real world? Can he generalize and use it to solve problems, which is the real test of its meaning to him?
3. What is this client or student like in terms of his biological and physical make-up? Does the etiological cause of his visual problem interfere with his learning ability; pose health problems for him; does he have other problems?

4. Social and personal skills--How does he feel about himself? How does he see himself in relation to his peers? Is he comfortable in his relations and interactions with others? How does he spend his leisure time? What are his hobbies?
5. Orientation, exploration, mobility, and independent travel--How does he orient himself to his environment? Does he demonstrate skills in exploration? How comfortably and efficiently does he follow instructions and move in unfamiliar areas? Does he travel independently by public transportation?
6. Communication skills--Is he able to communicate with himself and with others in the appropriate media? Has he developed an organized plan for learning new modes of communications? How does he express himself verbally? Does he converse logically on various topics? Can he realistically evaluate and communicate his own competencies?
7. Interests and aptitudes--Does he have specific interests? Are these compatible with his abilities? Can he make decisions for himself? What is his internal motivation?
8. Range of activities--What vocationally oriented activities has he actually experienced? What does he know about the details of specific activities? Has he lived through a day as a salesman, college student, teacher, lawyer, business manager, factory worker or machine operator?
9. Problem-solving abilities--How well can he solve day to day problems in living? Is he able to resolve an unexpected problem in travel, in business operations, etc.?

Counselors need to know the philosophies of school programs, the nature of the curriculum offerings, the recreational and social activities, the type of vocational program offered, and the scope of the mobility program.

Knowing the factors about which to be knowledgeable, knowing the nature and scope of the school program are important--but probably more crucial is the opportunity to observe, study, evaluate, and assess the youth as individuals. How can this be done? One way might be to work more closely with the schools--periodically at least--during the primary, and elementary levels so that the rehab counselor is no stranger to youth at the junior high level, and is a real member of the vocational or professional team by senior high school. During the last several years of school the school counselor and rehabilitation counselor must be in close communication and work together in providing guidance, exploring vocational opportunities, and

in working cooperatively with many youths in the realistic exploration of vocational interests so that the visually handicapped student travels a smooth path to a visually handicapped client. Neither the educator nor the rehabilitation counselor can be effective in isolation or in working alone--each needs the other and the student/client needs both of us.

THE ROLE OF THE REHABILITATION TEACHER IN CAREER PLANNING FOR THE BLIND

Sammie K. Rankin, Rehabilitation Technician
Texas Commission for the Blind

The functions of rehabilitation teachers have been varied beyond belief. The educational requirements have been low, and the salaries were commensurate with these standards. I, personally, have experienced more than one swing of the pendulum. In Indianapolis in 1938 or '39, I learned that emphasis was on teaching, whereas, I was using instruction as a means of accomplishing some casework goals. There was a swing away from this emphasis, and a number of states began to require social work training for rehabilitation teachers. Then there was much talk of the jack-of-all-trades rehabilitation teacher. The COMSTAC report demonstrated this point and recommended that the teaching functions be re-emphasized. Ten years ago in Texas, the status of rehabilitation teachers began to improve. In the past five years, rehabilitation teaching has enjoyed not only a population explosion, but an era of administrative appreciation. This makes it possible to offer unlimited, imaginative services to blind clients through rehabilitation teaching in a team approach, thus securing maximum development of client potential.

Since a career for the client is the proof of rehabilitation, we are now back to the purposes of this training course. In a team approach, the rehabilitation teacher has a definite contribution to make to the client's success. All rehabilitation teacher services may be classified as supportive. In another frame of reference, they may be classified as instructional--client-centered, and evaluative--agency-centered. I see no conflict in client- and agency-centered, as I have just used them. Let us begin with the area of teaching.

In Texas, rehabilitation teachers are responsible for teaching special skills which assist a blind person in carrying on his life in an independent way, as nearly as possible as he did when he was not blind. In essence, therefore, it might be said that we teach skills, not subject matter. A list of these skills may vary verbally from the list for another state, but there is little true difference. We teach communicative skills which include not

only braille but also typing, script writing, the use of communication equipment and the dialing of the telephone. Daily demands of living include interacting at a personal level as well as teaching personal management. Homemaking includes household mechanics, cooking, sewing, cleaning, laundry and home management. Crafts and recreation include instruction in a variety of leisure time activities as games and the like. All of these things are essentially the same as the list offered by Ruth Kaarlela in the paper, "The Emerging Role of the Rehabilitation Teacher," with which she opened the Group III meeting at the 1969 AAWB convention in Chicago. We are still doing something in Texas which we call mobility instruction. This is a misnomer, since it amounts to pre-cane mobility skills and orientation training. Unless or until we can have mobility instructors more readily available, I expect this will continue to be a function of Texas teachers, more especially when adjustment center training is not a planned part of the client's rehabilitation service. If you will consider this descriptive list, it will be readily apparent that not all clients need to be taught each sub-head of each general area. Which skills are pertinent is a decision made by the teacher, the client and the counselor--severally or collectively, and this decision is based on the established vocational goals. If such goals have not been established, the areas are treated in the same kind of exploratory manner that is used in many junior high schools for sciences or languages. The teacher, of course, is responsible for generating interest in basic skills in the client.

In the past few months, we have made several decisions with reference to the numbers with which Texas teachers will be expected to work. Twenty-four clients has been established as an ideal for the general caseload teacher. Twelve is being considered as ideal for a teacher with a Mental Health and Mental Retardation (MHMR) caseload in an institutional setting. Experience may show that this latter number should be increased or decreased. The general caseload teacher is trying to see each client once each week. Our hypothesis is that basic learning principles are more effective at this rate. We also believe that the teacher will serve approximately the same number of clients each year, because there are clients who require a shorter period of instruction than others. The twenty-four per month will encompass a continuous movement of individual cases within the total number. Some clients, also, still disappear from this active caseload during their involvement in adjustment center training. The teacher's services in preparing clients for rehabilitation center experience and for continuation in and reinforcement of skills so learned during it may be a crucial service to a client. The size of the MHMR caseload was governed by the belief that such clients, being more seriously disabled than

non-institutional cases, would require two to three lessons weekly. The curriculum for such clients, however, is essentially the same as that for general caseload clients and will be tailored to the individual needs of each client.

Now I wish to refer to the term, personal interaction, which I listed as being recorded under daily demands of living. The personal interaction which the rehabilitation teacher supplies is the bridge between instruction and evaluation. Even before the official limiting of rehabilitation teacher caseloads, it was the teacher who saw the client most frequently and for the longest periods of time. It was inevitable, therefore, that the teacher would establish a deep and personal relationship with the client. Routinely, then, the teacher gathered insights into personal attitudes, thoughts, and feelings of the client which were sometimes as relevant to ultimate vocational success as much of the objective material which must be gathered in connection with client service. To know the client as a person seems often to be the privilege of the rehabilitation teacher.

Without any breach of confidence, this knowledge of the person can be used to understand more fully his reactions to instruction in one or more of the basic skill areas. The teacher's information has no significance, however, unless it is recorded in such a way and in such a place that it is an integral part of the client's case history. For the past two years, the teacher's reports of work done with any rehabilitation client has gone directly into the continuing contact report, so that it is chronological with the counselor's contact recording. These reports may be as uninformative as that "instruction in braille, homemaking, and daily demands of living was provided on Oct. 1/8/15/22/29, 1969." On the other hand, the recording may have all this practical information but may also include some evaluations of progress or for reported client reactions. The teacher's evaluations can have increasing vocational significance, if consideration is given to the broadest reasons for teaching skills. It may be assumed that the client's reactions to learning problems in this instruction will be typical of his reactions to life.

What significant information about the client can the teacher gather while he, the client, is acquiring special skills or techniques? Let us consider the area of communicative skills. Let us start with the operation of a Talking Book Machine. If the client has not taken the machine from its box until the teacher arrives, one can wonder if a lack of initiative or interest or curiosity or self-confidence or a deep dependency is the explanation. Could it be an expression of anxiety with the excuse that the machine is government property and that dire consequences might result from inadvertent damage to government property? Does the government represent ultimate authority

and is the client's behavior reflecting his attitude toward authority? Once instruction begins in the operation of the machine, some of the suggested possibilities will be eliminated. On the other hand, some may be reinforced. In any case, the instruction provides information about manual dexterity, spatial perception, tactile sensitivity, ability to understand and follow verbal instructions, and ability to concentrate. The client's reaction to tactile as well as verbal instruction should be noted. This single "lesson" can alert a perceptive teacher to the client's current attitudes toward himself, his disability, and toward services. I am not suggesting that this one incident tells all or that the reactions to this one experience are immutable. The same kind of dynamic information is implicit in any instructional situation. Its availability to the counselor is limited only by the ability of the teacher to observe and to record such information. It is not necessary for the teacher to draw conclusions in the recording. In fact, it seems to me to be far more useful for conclusions to be drawn from intermittent discussions between the counselor and teacher and, when possible, their supervisor. In Texas, these two people have the same supervisor. There are staff people at the consultative level who can provide specialized assistance, if it seems necessary or desirable.

In this kind of discussion, there are some questions about the client which need to be answered because the answers bear directly on vocational success:

1. What seems to create frustration in the client?
2. What seems to be the relationship between the cause and the intensity of this frustration?
3. How does the client cope with the frustration?

Someone in the rehabilitation team has to gather enough raw information about the client to answer these questions. Because the rehabilitation teacher is in contact with the client on a more sustained basis than anyone else and because the teacher is providing instruction, the teacher has the best opportunity to collect data. Having gathered information, the most significant portion of it must be recorded in such a way and such a place that it is accessible to all concerned with the rehabilitation process. Finally, a discussion among team members should occur at intervals, so that interim evaluations will be available to implement further rehabilitation planning. The involvement of the supervisor should occur in order to provide an "outside" viewpoint which will keep the teacher from developing stereotypic evaluations, which could or might skew agency reactions to the client. Ultimately, the teacher's instruction and evaluation should enrich the case folder to a degree that would give realistic, useful information to the counselor and the placement specialist when they come

to the last, the crucial step in the rehabilitation process, placement in a job. Employment requires of the client his best performance, so that he can enjoy the rewards of his labor and thereby regain his good opinion of himself through self-acceptance and financial independence. The financial independence is, after all, the yardstick of success in our culture.

REHABILITATION PROCESS AND PLACEMENT

PLANNING FOR vs WITH THE CLIENT

Jerry Dunlap - Oklahoma State Commission
for the Blind

Prior to a discussion of the relative merits of planning for the client as opposed to client participation in developing the rehabilitation plan, it would seem reasonable to define what is meant by a plan. For the purposes of this discourse a plan will be defined as an outline summarizing the pertinent data and essential steps necessary for the achievement of a mutually accepted objective. Perhaps this is an oversimplified statement of a relatively complex procedure that can be the crux of the entire rehabilitation process; i.e., the success or failure of a given client reaching his chosen goal is largely dependent on the effectiveness of the planning stage.

The foregoing definition of a plan presumes that the summary document is concise, complete, and goal-directed. Mutual acceptance implies acceptability of the objective both in terms of the client's level of aspiration and the scope of the agency program. Perhaps this definition of a plan biases the discussion in favor of client participation in the planning phase of the rehabilitation process; however, more definitive discussion of pros and cons of client participation will be dealt with later in this paper. Since no plan is conceived or developed in a vacuum, the counselor must be cognizant of environmental factors and other intervening variables that may promote or retard achievement of the desired objective. Such variables as unrealistic aspiration level, lack of innate capacity, or parental ambitions will be explored in more detail.

In order to analyze planning procedures it is helpful to break down the case service process into its various components; e.g., intake, planning, case service, placement, closure, and follow-up. If the provision of services is a smooth-flowing process, such stages or divisions are obviously arbitrary and ideally the counselor-client relationship progresses toward an objective without recognition of these artificial segments of the process. Therefore, this discussion of planning will overlap other aspects involved in the total rehabilitation picture.

Perhaps an analogy from the field of electronic data processing (EDP) would be germane to considerations

of the rehabilitation case process. An EDP system is basically composed of three components: input, process, and output. If the successfully rehabilitated client is considered output, then rehabilitation can be compared as an analogous system. The counselor's planning activities can now be compared with the functions of the data process programmer; i.e., the counselor, like the programmer, must carefully study the objective or output to ascertain the pertinent input data. Also, like the programmer, the counselor is limited by the capacity of the "hardware." He must render services within the restrictions of an agency framework.

Before proceeding further with this analogy, it should be clearly understood that the object is not to de-humanize the counseling process or to de-emphasize the vital role of the interpersonal relationship in the preparation of the rehabilitation plan. Today's emphasis on one-way social contacts via television, computers, and taped messages has cost modern man the better part of social intercourse and presents a hazard that must be overcome if a practitioner wishes to be successful in rehabilitation. Acquisition of a complex technical jargon has also been the ruin of many a good counselor. The counselor who must demonstrate his esoteric knowledge has failed to grasp a basic tenet in good counseling practice; i.e., solid two-way communication is essential to successful rehabilitation.

Prior to discussing plan development it is of interest to determine when the planning process is first begun. Some might say that a plan begins with the first interview. However, if you consider that several of the input factors in the rehabilitation plan are contributed directly by the counselor, such as knowledge of human behavior and awareness of community resources, then plan development relates back to counselor preparation and experience.

When a plan can actually be prepared is largely influenced by client readiness. This is couched in large part in the client's adjustment to and acceptance of the problems imposed by blindness. Although adjustment is for the most part a counseling problem, the extent of acceptance can affect the timing of planning and the very direction of a plan. It is imperative therefore that the counselor assess the level of adjustment and perhaps Louis Cholden gives an easy key to understanding this problem.

Cholden feels that the newly-blinded individual must alter his self-concept or body image from that of a sighted person to the new image of a blind person. This is a painfully traumatic process, and, according to Cholden, usually takes the following pattern of adjustment.

With the loss of sight, the initial reaction is one of emotional shock which will vary in duration dependent on the personality configuration and circumstances of the individual.

With emotional awareness of the loss, the second phase or depressive reaction takes place. At this point family and friends gather around the blind person to assure him "he could be worse off" and to tell him that he should not feel sorry for himself. This merely adds to the self-pity, the burden of guilt, and can be a dangerous trap for the unwary counselor. Depression should be accepted for what it is, a symptom that the individual has come to grips with his problem on an emotional level and is no longer denying the reality of his situation. In short, depression is a positive flag to the counselor.

The third phase of the adjustment cycle is emotional acceptance and alteration of the self-concept to that of a blind, yet whole, person. Certainly, the counselor should make an effort to determine the client's level of adjustment prior to proceeding with the development of a vocational plan.

In the context of today's discussion the counselor's objective may be stated as provision of services leading to full employment of all visually impaired persons eligible for service in his assigned area. One of the counselor's tasks is to modify this broad objective to meet the specific needs of a given client.

In selecting an objective for a specific client there are obviously many factors that the counselor must consider. Paralleling the problems and potentials the particular client brings to the interview there are the agency and community resources that the counselor may tap. In addition, there are other obvious considerations that may affect planning, such as the extent of the counselor's production quota and the availability of allocated funds. Aside from these pragmatic factors which undoubtedly influence the choice of an objective, the counselor must give attention to certain less obvious, but perhaps more important concepts if he is to assist his client to plan toward an objective that will result in satisfactory vocational adjustment.

Some counselors give insufficient attention to the higher needs of a client when the vocational goal is chosen. It has been adequately demonstrated by several theorists (notable among these, Maslow's Hierarchy of Needs) that to quote a tired old phrase, "Man does not live by bread alone." This is equally true of blind men. In order to be satisfying and in most instances permanent, a job must provide more than basic security. A large percentage of a person's life is spent on the job; therefore, work is expected to provide, in addition to "a living," certain social and ego needs and ideally gives one a chance for self-fulfillment or actualization, to use Maslow's term.

It becomes apparent that the goal in rehabilitation today has gone beyond the concept of matching the physical skills of the client with the physical demands of the job. The current aim of optimal job adjustment places a greater

challenge on the counselor planning for the vocational career of a blind client.

To return to the analogy with programming, the inputs have been broadened to a much wider dimension. This points up the need for more depth in the pre-planning or diagnostic phase of case processing in that greater detail of the client's needs must be determined if the job selected in planning will in reality be satisfactory. This becomes highly important to the counselor who does not want to see a majority of last year's 26's returning this year as applicants for "re-open" status.

Much time has been devoted to exploring concepts that the counselor should investigate beyond the usual data required for developing the plan. Perhaps now some space should be given to the basic information. Certainly, some of the most significant data used in the plan are derived from the history document and interview summaries.

Although the recording of the history data precedes the planning phase, the nature and scope of this information has direct bearing on the extent of depth and insight revealed in the plan. Therefore, a brief look at the initial client contact would seem to be warranted. It is a common practice among many counselors to record the basic history and other initial information at the first interview. This practice may be justified when the counselor serves a large geographic area and to expedite service, must proceed with the "red tape" formalities. However, in most instances, time permitting, it is desirable to keep the initial interview free from paper work and other distractions in order to listen to the client. Quite often it would seem that the counselor who is perhaps somewhat insecure in the interview situation gives the client a broadside of paper work to complete and a detailed description of agency services rather than simply listening to what the guy has to say. Perhaps this is because counselors are sometimes more comfortable when they are snugly tucked in by a framework of policies and can follow an interview guide such as the C-4.

This may seem a harsh criticism of the counselor and certainly there are many clients and other responsibilities impinging on his time; however, the basic relationship or rapport between client and counselor is established in the initial contact and pervades the entire rehabilitation process. It should be granted that the client comes to the office for a specific reason and is more interested in an empathic ear for his problems than to assist the counselor in completing a set of forms. All this merely to say that critical listening during the first interview can give a more complete picture of the client and set the stage for a positive working relationship.

To provide some indication of the type of depth that may be helpful in planning, an analysis of one of the input factors from the history social summary may be of value. For example, the counselor has recorded the

client's family constellation; i.e., names, ages, and relationships of other family members living in the home. This information can be of value, but means so much more if the attitude of individual family members toward the client's disability can be ascertained. Blindness has a far-reaching psychological and physical impact on the family unit and undoubtedly the attitude of spouse, parents, siblings, etc., can play a major role in determining the success or failure in reaching a given vocational objective. How many instances can you recall where a young blind person with good potential has been stymied by the fears and overprotection of well-intentioned family or friends?

Another area where deeper scrutiny is helpful is in the educational history. Typically, the counselor knows that the client has completed twelve years of school and may even have obtained a transcript of grades and test records. However, in addition to this the counselor should explore the underlying reasons for unusually high or low marks. Special interest in school subjects can contain significant clues to later vocational goals. In this same connection, hobby interest and extracurricular activities many times have implications for occupational pursuits. Again, the client's attitude toward a particular school subject may have more significance than a given grade.

Clients' employment experience, either before or after the onset of blindness, can provide substantial indications of general patterns of behavior. The majority of studies indicate that failure to adjust to work settings results not from an insufficient skill, but from inability to relate to fellow workers. The work history should be viewed in terms of interpersonal relations and the counselor should probe the attitudes toward past work settings. When negative attitudes are apparent, they can many times be modified through counseling and provision of pre-vocational rehabilitation training.

Even medical and psychological reports provide excellent opportunities for the client and counselor to gain new insights into the client's attitude toward the limitations imposed by his disability. This attitude is of prime importance, in that the way an individual sees himself can literally put the brakes on his climb up the vocational ladder.

Feedback of medical, psychological and other data through careful interpretation is important. This not only gives opportunity for new insights, the client has a right to know. After being probed, examined and traumatized from a half-dozen viewpoints, he is entitled to have the results and to know the extent of his limitations and capacities. Who is the most concerned party in these examinations?--the client.

What about formalized vocational testing? Not to minimize the use of block design or paper and pencil,

simulated work tasks, but there is no substitute for reality testing. How many clients come to you wanting to be a machinist, for example, who have no idea of the noise, dirt, grease, and actual physical effort involved in machine shop work? If at all possible, this client should be given an opportunity for job observation in the actual work setting. This may discourage or solidify his interest, but at least lends the dimension of reality to planning. This points up another need in the counselor's preparation for plan development; namely, that of organizing an ongoing industrial placement program.

If the counselor develops the right relationship with local industry and maintains a file of plant analyses and job surveys, it is easy to set up job observations for his clients. Job surveys are also of inestimable value in counseling the client who has little or no knowledge of the world of work. Such a backlog of information is particularly handy with the passive-dependent type who wants to pour himself on the counselor with a "What can I do now?" approach. Although the choice is still the client's, it is helpful for the counselor to have a few specifics in mind.

No discussion of "PLANNING FOR vs WITH THE CLIENT" can ignore the question of motivation. This is perhaps one of the most overworked and least understood problems in the field today. There is much talk concerning the "unmotivated client" or the "hard-core" individual. To say that such persons are unmotivated is at least a misnomer. It is a more accurate statement that they are motivated toward goals that are unacceptable or misunderstood by the counselor. There is an inclination to call it motivation when a client shares our middle class value system. Be this as it may, the question remains, what is to be done with the "unmotivated individual"?

There have been myriad of motivation theories and many panaceas have been offered to the counselor, yet few seem to be effective. Perhaps the hygiene-motivator theory advanced by Frederick Herzberg in the field of business management has application in rehabilitation of the blind. Time does not permit a thorough exploration of Herzberg's ideas. However, he says that most persons wishing to motivate an individual rely on KITA. This KITA can be either positive or negative and is equally ineffective in either direction. The counselor applying negative KITA says, "Kick him in the pants." Since this is a physical assault and the client might kick back, most sophisticated counselors quickly modify this to a psychological negative KITA. The counselor is well equipped to mentally kick the client, but soon discards this approach also since it does not produce the desired motivation. Another counselor might try positive KITA or some inducement of extra service if the client will display motivation.

In either case in this common form of inducing motivation the one who is motivated is the counselor and the client is simply "moved," not motivated. The point being that motivation is something from within and cannot be induced externally. So how to motivate? Instead of a temporary charge on a client's batteries, how do you install a generator for self-motion?

In the context of industrial management, Herzberg sees motivation accomplished through "job enrichment" or vertical expansion of the job. This challenge to the higher level of individual ability parallels Maslow's concept of self-actualization and would seem to have implications for motivating the client through greater involvement in developing his vocational plan. In other words, permitting the client freedom to explore his own capabilities and discovering his own inner strengths has a positive impact on the expression of motivation.

In the foregoing brief survey there has been no effort to make a comprehensive delineation of all the factors which must be considered by the client and counselor in establishing a vocational goal and outlining a procedure of necessary steps to achieve it. In general, the intent has been to encourage you to probe deeper into psychological aspects of the client's situation and to be cognizant of the higher needs of the client when selecting an objective.

Virtually all of the preceding material has involved client participation as fully as possible. This is, of course, a personal bias; however, it is felt that experience bears out the conviction that when a client is planned for, he seldom internalizes the goal. In other words, unless the client has played a part in choosing the objective, he will fail to incorporate the goal into his own value system. The client who is encouraged to introspect his own capacities and to exploit his own potential will work harder to be successful and in many instances will set higher standards of achievement for himself than might be imposed by someone else. The sharing of responsibilities is another gain from this approach. The client who participated in planning has a share in the responsibility if the goal is not reached. He must look to himself for a portion of the blame, which can be a growth experience in itself.

A case may be argued in favor of planning for the client when the individual is so mentally retarded that he is incapable of exercising good judgement in planning. Even in such extreme instances the more desirable course would be for as much client participation in the process as he is capable. Also there are usually parents or other interested persons who might be involved in developing a plan for this client.

In summary, we have tried to show that the client has a basic right to play a leading role in the selection of his own career and the counselor has a concomitant

responsibility to serve him as a resource person. The counselor must assist the client to fully understand his liabilities and assets in order to plan toward a placement that will insure the client's development of his potential as a worthwhile, contributing member of society.

CLIENT MOTIVATION TO WORK--A RECONSIDERATION

Randolph H. Greene - Director, Rehabilitation
Center Planning, Texas
Commission for the Blind

Why do we work? This is an age-old philosophical question that arises frequently and should be seriously considered by every professional person who is involved in vocational rehabilitation. The late A. B. Tipps, who was for many years a supervisor of rehabilitation counselors in the Texas Commission for the Blind, posed this question to the author several years ago as a topic for contemplation and discussion.

After critically examining the question, the inquirer will realize that the reasons for working will vary as cultural and societal attitudes change. Are the reasons for working today the same as they were thirty years ago? Is it reasonable to expect that the motivating factors for working in the year 2000 will remain the same as they are today? Cultural attitudes have changed and are continuing to change rapidly throughout the world, and certainly these changes influence the reasons that men work. For instance, thirty years ago a greater per cent of people earned their livelihood and relatively fewer people received welfare benefits. At that time a stigma was associated with welfare. As a result of this cultural attitude, the unproductive individual who did not work for his livelihood was held in contempt by his associates and frequently encountered difficulty in finding societal acceptance. Today this same individual is no longer condemned for not working. At present, there is considerable discussion of a guaranteed annual income for every person in this country and a strong possibility that legislation will be enacted within the next few years to provide this guaranteed income. Do we dare predict what the cultural attitude will be toward work in the year 2000?

Henry Borow in his book, Man in a World at Work, states:

Work is the social act around which each of us organizes much of his daily waking experience and, hopefully, establishes a meaningful and rewarding life routine. One has but to witness the lives of men without work, or of men who lack edifying work--alienated, thwarted, and cut

off from the fulfillment of the most human of sentiments, a sense of usefulness and purpose--to recognize the validity of the commonly voiced doctrine that work is, indeed, a way of life.

Let us examine some of the reasons that men have worked throughout history and why they work today. William C. Menninger, writing in Man in a World at Work, states:

In our society, work determines the way of life, particularly as it applies to the head of a household. There are the obvious, conscious, psychological reasons for work--the necessity for self-preservation, the desire to raise a family and to be able to support that family, the satisfaction of pleasant relationships with associates on a job. One of the ultimate results of the maturing process is the ability to work consistently, with satisfaction to oneself and to others. Even a child is occasionally turned from play to work, most often because of an authoritative request. When he finds satisfaction in responding to that request, the work in itself seems rewarding and may serve as a means of expressing positive feelings toward the authoritative request. When he finds satisfaction in responding to that request, the work in itself seems rewarding and may serve as a means of expressing positive feelings toward the authoritarian figure.

Some of the specific factors motivating men to work include:

1. Survival - In the early primitive society each member's survival depended on the cooperation and contribution of every other member of the tribe. Hunting, searching for food and clothing, and seeking shelter from the elements and wild animals preoccupied every person from the time he was old enough to make a contribution until the day of his death. There was seldom any energy left for the pursuit of leisure time or cultural activities. The disabled person who could not make a contribution became an outcast. At present, survival is only a minor consideration as a reason for working in our western culture. Almost anyone can obtain the minimal level of survival, even though it may mean dependence on a charitable organization or a government dole for subsistence.

2. Security - Economic security has been offered as one of the primary motivations for working. Economic security is imperative for the individual on the lower socio-economic level, but how do we explain the strong desire to work on the part of the wealthy millionaire and

the retired person who is economically secure but still expends great energy and long hours working each day? Clearly, there must be other more significant reasons for working.

3. Social Acceptance - Social acceptance is perhaps one of the greatest factors which motivates people to work today. Being socially accepted, keeping up with the Joneses, and striving to obtain the latest status symbols become primary goals. Conformity--participating in the same activities and interests as one's associates--is a part of social acceptance.

4. Status - Rank and prestige have become the most important reasons for working. Most members of society wish to obtain more than the basic necessities of life. In order to obtain these luxuries, most individuals are compelled to work long hours and occasionally to obtain a moonlighting job. The ambitious person who has spent many years in preparing for his occupation--such as the physician, the attorney, or the professor--maintains prestige on the basis of his occupational classification. The order of rank is one of the first matters to be investigated when studying a company, agency, or organization. Military rank poses a class distinction almost equivalent to a caste system; for instance, high ranking officers do not associate with enlisted personnel, either in a working or social situation. Many retired officers retain their title after leaving the military, and they prefer to be known as "Colonel Williams" or "Admiral Johnson" for the remainder of their lives. In business organizations the administrative officials seldom involve themselves socially with clerks, janitors, or groundskeepers. Striving to reach a higher rank becomes an incentive to many individuals, causing them to seek a higher educational level or to work harder than their associates to prove their suitability for advancement into higher positions.

5. Productivity - The ability to produce an item or create a product may be psychologically comparable to the basic need of man for procreation. Witness the architect who strives to design the most imposing edifice in a city, the scientist or physician who has aspirations for the Nobel prize, or the writer who is hoping to someday receive the Pulitzer prize. All may be subconsciously working toward a life-time goal--that of being so well-known that their name will be etched on the mind of every school child in the country.

6. Biological - Man is a biological creature with essentially an abundance of energy which must be expended. He is by nature an active animal, and these activities are most often channelled toward his occupation. The psychiatrist readily recognizes the value of meaningful, constructive work as being therapeutic in nature and in contributing to a state of optimum mental health. Thus, his physiological make-up contributes to his motivation to work.

7. Escape - The modern housewife who is disenchanted or bored with the mundane, routine existence in the home or who becomes frustrated with the responsibilities of the monotonous daily routine of rearing children very often finds employment without consciously realizing that she is seeking a means of escape into an intellectual environment. Electrical gadgets and devices now perform many of the duties which formerly required the skill of a housewife. Therefore, she does not feel the strong need to be in the home day after day.

8. Service to Mankind - Frequently we observe the unusual individual who is so intensely dedicated to a goal or an ideal that the above mentioned motivating factors almost cease to exist when compared to his desire to serve his fellow man. Examples would be the missionary who sacrifices himself in order to carry his message to the darkest corner of the earth or the physician who foregoes the potentially comfortable life and luxuries in order to treat the ills of the ghettos.

The rehabilitation counselor assisting a client to select a vocational goal is undertaking a significant and vital responsibility requiring the utmost in sound judgment. He should recognize that the future of the client will hinge on this joint decision. Certainly the client who is blind will be working for the reasons that are enumerated above, and he is entitled to all of the consideration and all of the deliberation essential for one of the most profound decisions of his life. The counselor should make absolutely certain that he has prepared himself and has investigated all of the myriad possibilities and has thoroughly considered the client's aspirations, abilities, and qualifications, as well as his limitations. It is only through the most diligent and exhaustive effort on the part of both the counselor and the client that the best vocational goal can be selected. This challenge is offered the rehabilitation counselor. Are you willing to involve yourself with each and every client to the extent that you can say, "I have done the best possible job; the client has received the ultimate in vocational rehabilitation services, and the vocational goal which has been selected is one which will meet all of the intrinsic and extrinsic needs of the client"?

VOCATIONAL GUIDANCE FOR THE BLIND CLIENT

Louis Viecegli - Coordinator, Placement
Counselor Training Rehabilitation
Institute, Southern Illinois
University, Carbondale, Illinois

Career planning or choosing a vocation is one of the most important and most difficult decisions facing any individual in his lifetime. Career planning deserves the most careful individual attention. In present day society work determines our way of life. Father Carroll states: "For almost all men and for a great number of women blinded in the 'productive years' final placement in suitable and dignified employment is the keystone of the rehabilitation process.

"This does not mean simply getting a blinded person some job. He has lost not only his means of earning a living and his occupation; but also the status that went with it; and in many cases, his vocational goals and prospects for advancement in a special career involving his whole way of life and outlook for the future. If he is placed in an unsuitable job or one which offers no possibility of advancement, we are not solving the problem."

As Crawford in his book Career Planning says: "Career planning requires a thorough analysis and understanding of one's self, including strengths, weaknesses, abilities, interests, and aptitudes. Plans must be made in advance, consultation should be had with others, and education and training are of prime importance."

Dr. Robert Hoppock in his book Occupational Information lists five reasons why the wise choice is important and why facts about jobs are essential to this choice.

1. The choice of an occupation may determine whether we will be employed or unemployed. What are the demands now and in the future? Is it a job where the blind person can be accepted?

2. The choice may determine success or failure. Can the individual perform satisfactorily the task assigned--people differ in nature and levels of abilities; will the occupation utilize strengths of the blind person and minimize problems of blindness?

3. The choice may determine whether one will enjoy or detest his work. There are probably few, if any, occupations where we never have to do anything that we dislike but there is no need for us to work at a job in which we dislike most of the things we do.

4. The choice influences almost every other aspect of life. It determines the person with whom we associate during much of the day, thus it affects choice of friends and may change values, ideals, and standards and helps us to determine the kind of person we become.

5. Occupational choice determines how effectively a democratic society will utilize its manpower.

It has been said that historically agencies for the blind have followed rather than led in development of employment trends. We have been either unwilling or unequipped to examine what job demands there will be one, three, or five years hence and/or to prepare blind or visually handicapped persons to meet these needs. We were and had been "tag alongs" rather than ready when the demands hit. Fortunately, (and I think this conference is a good example) we now seem to have learned how to deal with this problem and I think the Division of Services for the Blind, at both State and Federal levels under the able leadership of a Dr. MacFarland and a George Magers plus your own directors in this region have done much to help us keep abreast of the changing labor market and the ongoing competition for jobs. We are not really confronted with the scarcity of job opportunities for our clients but rather that the new jobs in our changing social and economic way of life are such that people are ill prepared to fill. There are many who feel that the weakest link in the Rehabilitation Process is still in the Vocational Training Aspect--the preparation of the blind person to keep up with the changing world of technology and job demands.

Today, the job seeker has a wide choice of jobs and job conditions. More Americans had jobs this past year than ever in our history. The U. S. Bureau of Labor Statistics estimates that we will have a gain of about $1\frac{1}{2}$ million new jobs per year over the next five or six years, to a total of 89 million jobs in 1975 despite increased efficiency due to technological improvements, making it possible to turn out more products with fewer workers. The explanation for this seeming paradox lies in two trends, the expanding appetite of a population growing in both numbers and wealth and a sharp shift in jobs dominance away from the production of goods to the supplying of an ever-widening variety of services--personal, commercial and governmental. One clear benefit of mechanization and automation has been the elimination of many menial, dull, low paying, undesirable jobs adding new dimensions to man's capacity.

But these new dimensions also entail challenges that can be met only by a better prepared work force. More education and more skills will be the chief prerequisites for a job in 1975. The fast changing world of work is demanding brains not brawn, versatility not narrowed skills with the most substantial increase in employment opportunities coming in the professional and technical fields.

Thinking about this meeting I was reminded of some of my earlier days in Rehabilitation--I guess we didn't really do a very good job and clients were really restricted as to vocational choice. If you were deaf or very hard of hearing you could be a baker, a printer or a shoe repairman. If you were a paraplegic you could be trained as an accountant or a bookkeeper or maybe in watch repair. As a blind person you could probably make brooms, mops or be a piano tuner or maybe if you were lucky operate a vending stand. We really didn't really rehabilitate very many people either.

I think things are changing; the number of blind persons achieving successful rehabilitation has more than doubled in the past ten years, but even more significant is the fact that the type and range of opportunities have continuously expanded. No longer are the blind limited to a few job areas but rather they are finding a growing access to employment in accordance with their interest, training and abilities.

Just a few years ago, the vast majority of blind persons graduating from college was limited to professional opportunities in the field of work for the blind--as home-teachers, counselors and instructors at centers. Now, this situation is reversed and not only are more blind graduating from college but most are finding professional careers dealing with the working world of the sighted. This Fall, more than 2000 blind persons will be enrolled in over 400 colleges and universities. They will be majoring in almost every subject area offered. As these individuals move through college in a wide range of vocational fields they will have an increasingly better chance to expect employment commensurate with their training. This is not to say that all the problems of placement or employment opportunities for the trained and qualified blind persons in professional occupations have been solved. We still have some way to go. First, there are still skeptics among the general public and employers that a well trained, qualified blind person can perform successfully in a professional capacity. Secondly, the nature of most professional pursuits are rapidly changing and totally new careers are opening. It is imperative that we continue to press forward through education and demonstration to lessen the effect of negative public attitudes and it is equally important to plan training programs to meet the demands of new professional opportunities. At the same time, we must continue to expand the number and kind of careers in which blind persons are now and can be employed.

Each year the number of blind and visually handicapped persons reported rehabilitated through the State-Federal program have established new record highs. In 1968 we moved from just over 6000 to 6400 and in 1969 to over 7000 blind persons rehabilitated. The number of visually handicapped reported rehabilitated this past year was over 14,000. This included about 1,000 blind in professional, technical and managerial areas, some 800 in clerical and sales and about 1400 in trade--technical and manufacturing occupations. The important note in this is the widening range and scope of occupations which blind persons are entering.

Now let's take a quick look at what's happening in the labor force: It has been said that automation is affecting over 60,000 jobs this year. Consider the following facts:

About 4/5 of the new jobs are in service occupations and government.

Unskilled jobs are declining.

Demands are expanding in professional, technical, clerical and service occupations.

Requirements for education and training are increasing.

About 1.5 million increase in the labor force is in the age group under twenty-five and married women re-entering the labor force. This will make for increasing difficulty in matching worker and job.

Average work week becoming shorter.

Labor force to increase to about 87 million by 1970, a gain of about 18 percent during the 60's.

Employment in manufacturing will remain about the same but further decline in agriculture.

Two out of three workers in the United States are in the service sector rather than the goods producing sector of the labor force.

Gross national product has tripled per capita since the turn of the century.

About 2 million jobs a year are being affected by automation and technical change.

Fifty percent of the jobs of today did not exist ten years ago.

During the 60's white collar occupations increased to out-number blue collar occupations for the first time, and projections indicate this area will continue to increase.

Current data indicates that changes have been coming about largely because of new technologies, greater emphasis on manpower utilization, and the use of new machines and equipment. The new technologies may result in more new machines and equipment which in turn, probably will mean changes in personnel practices and improved manpower

utilization. Many of these occupations seemingly do not change outwardly but the knowledge involved in job performance is steadily increasing. Current and prospective shortages of needed skills must be better identified if we are to help provide blind persons with the appropriate education and training needed to benefit from new opportunities in expanding occupations.

In a recent issue of the Wall Street Journal an article entitled "Job Future Changing for your Children" had this to say:

If your daughter is thinking about becoming a teacher tell her to think twice. There'll be an overabundance of both elementary and secondary schoolteachers in 1980. She'd be far better advised to consider becoming a pharmacist, where the demand will be enormous. If your son is thinking about becoming a mathematician, tell him the market won't be nearly as great 10 years hence as it is today. And if he's planning to rely on getting a job as a machine operator or construction laborer, tell him to forget it. By 1980, for the first time in history, there will be more white collar workers in the nation's work force than blue collar, service employees and farm workers combined. In fact, the market for unskilled workers, which is not exactly booming today, actually will decline during this decade, despite the fact that the nation's work force will jump from 82 million now to 100 million in 1980. By then, one out of every six workers will have a college degree and seven out of 10 will have a high school education.

But what about the job market?

There will be a fantastic demand for employees in all areas of health service, and similarly for skilled workers in the residential construction industry.

There will also be a sharp increase in the need for workers in the service industries and in the wholesale and retail trades. Further, there will be nearly 5 million more persons employed by the government all but 200,000 of them on the state and local level.

What then are some of the ingredients that constitute appropriate career choice. It has been said that there are four basic factors of suitability of work, all of which must be involved for a successful and happy work-life. First the job must be reasonably consistent with the individual's physical condition--for us in rehabilitation we must also be concerned that the disability does not

interfer with ability to do the job nor should the job aggravate the disability. Secondly, the job or career must be consistent with the individual's mental ability. Mental demands not too low or too high. Thirdly, the worker must gain some rewards other than money or prestige and lastly, the job must be in keeping with the individual's temperament and personality.

Industry basically wants these things from its workers: production at an established rate, quality at an established degree and finally harmonious relationships between the worker and his fellow workers. Many people in personnel feel that job satisfaction is dependent on three things that a worker wants for his job:

1. He wants security.
2. He wants recognition.
3. He wants to be accepted by his fellow workers.

There are many theories of occupational choice; one is Dr. Ginzberg's approach. The basic elements in his theory are these: occupational choice is a process; the process is largely irreversible; compromise is an essential aspect of every choice. He found that the process could be analyzed in terms of three periods--fantasy (before eleven years of age); tentative (between eleven and seventeen); and realistic (between seventeen and young adulthood). The child in the fantasy period believes that he can become whatever he wants to become. He arbitrarily translates his impulses and needs into an occupational choice.

I believe in the case of the blind youngster this tendency is accented because of the fact that his view or perception of reality factors is less accurate than that of his sighted peers. He also has more incentive to fantasize because of the restrictions imposed by blindness on the satisfaction of needs through overt action.

During the tentative period, the individual's translation is almost exclusively in terms of such subjective factors as his interests, capacities, and values. Adolescents consider their choice tentative because they sense that they have not effectively incorporated the reality factors into their consideration.

Ginzberg discerned four stages within the tentative period and three stages within the period of realistic choices. The first stage in the tentative period was called the interests stage because tentative choices made at this time are based almost exclusively on interests. Next the adolescent takes into consideration his capacities, and later, his values--the next two stages--and around seventeen he is in the transition stage, looking forward to college or a job. The realistic period begins with the exploration stage, during which the individual seeks for the last time to acquaint himself with his alternatives. This is followed by the crystallization stage, when he determines his choice, and finally, by the specification

stage, during which he delimits it. The second element of his theory, the irreversibility of the choice process, grows out of the reality pressures which introduce major obstacles to alternations in plans.

His third contention, that every occupational choice is of necessity a compromise, reflects the fact that the individual tries to choose a career in which he can make as much use as possible of his interests and his capacities in a manner that will satisfy as many of his values and goals as possible.

Because of the complications which blindness produces in the process of vocational choice it would seem especially helpful for a counselor to be aware of the stages I have described and to utilize this awareness in assisting a client through the various stages of the process to a realistic choice--that is an occupation in which he can be successfully employed over a substantial period of time.

It is often helpful to have some procedure or criteria to evaluate how realistic a particular occupational choice is for a given client. A procedure I have found helpful for this purpose is the check list of criteria for determining job readiness:

A. Physical readiness

1. Is client at his maximum level of physical capacity?
2. Can client travel to and from a job?
3. Can client work a full work day? A full work week?
4. Can client meet the physical demands of the kind of work sought?
5. Does client understand the nature of his disability and limitations imposed by the disability?

B. Psychological readiness

1. Do client and his family accept his limitations?
2. Do client and his family recognize his capabilities?
3. Is client sincerely motivated toward employment?
4. Can he adjust to the strains and pressures of a work environment?
5. Is his behavior appropriate for the job demands?
6. Are his personality traits in keeping with the job tasks?

C. Occupational readiness

1. Are client's aptitudes, skills, knowledge, and experience commensurate with job requirements, current and future?
2. Is the client really interested in job under consideration?

3. Are the job's non-monetary, psychological rewards in keeping with client's needs, values, and long-range goals?
 4. Is client aware of opportunities and requirements for entrance into this field?
 5. Has client's preparation been flexible enough for reassignment to other jobs or tasks?
- D. Placement readiness
1. To what extent can client participate in job-finding process?
 2. Does client know sources of job leads?
 3. Can he develop a personal information packet?
 4. Can he satisfactorily complete an application?
 5. Can he present himself adequately in a job interview?
 6. Would he continue his job search if he met with some turndowns?

Finally, I would like to talk to you for a few moments about an aspect of career planning which has been sold short by most counselors, including those in agencies for the blind. The area I am speaking of is placement into remunerative employment which is simply the final step in the process of career planning and thus a primary reason for evolving a plan in the first place. Equally important it is by far the most specific criterion of the effectiveness of the plan. In other words the real test of the effectiveness of the rehabilitation plan evolved jointly by counselor and client is to be found in the degree to which it produces satisfactory employment in the selected occupation.

This being the case it seems logical to assume that counselors should be heavily involved in helping clients to complete their career plans by obtaining the kind of employment the plan was designed to produce. With respect to jobs in industrial, service, and clerical occupations this means that the counselors will intercede directly with the employer on the client's behalf and in the case of professional occupations, although the client must ultimately "sell himself," the counselor will demonstrate his interest and involvement by discussing with the client important aspects of the interview, help in the preparation of a resumé, suggesting appropriate contacts with employers and professional associations, and generally being available for consultations. Viewing placement in this kind of perspective will, I believe, enable the counselor to be more effective in working with the client to develop a realistic career plan.

Dr. Robert Hoppock in his classical text on Occupational Information puts it this way:

We could make tremendous improvements in the quality of vocational guidance if we required all

counselors to follow the client through the process of placement and stay with him until his record indicates that the placement and the counseling have been successful. There would be some pretty red faces among counselors when they experienced this kind of reality testing for the first time and the embarrassment of the counselors might provide the motivation needed to make future counseling more realistic.

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PLACEMENT--PASSÉ OR PERTINENT?

Randolph H. Greene - Director,
Rehabilitation Center Planning
Texas Commission for the Blind

Placement is a complex subject to investigate, possibly because it is not clearly understood. It is shunned, avoided, and usually relegated to a position of insignificance, frequently pushed into the far distant recesses of the rehabilitation counselor's mind. He hopes it will never again rear its ugly head. A complete search of literature will reveal a paucity of definitive studies and very few thorough investigations into this process. It is the contention of this writer that more information on placement, clearly presented with meaningful explanations, will enhance the rehabilitation counselor's understanding and thereby contribute to a more positive attitude.

Counselors offer many excuses for avoiding placement activities. These include: "When adequately trained, the client with a relatively minor disability can find his own job." "There is not enough time to devote to placement activities, since other duties keep me fully occupied." "The state employment service has the responsibility for placement, and, therefore, I do not need to become involved." "There are no clients on my caseload who are ready for employment." "Most of my clients are so severely disabled that they cannot successfully compete for jobs and, therefore, must seek sheltered workshop employment." These negative remarks illustrate the lack of appreciation and insight into placement and its vital role in the total rehabilitation process.

Considering these remarks, how do we explain the fact that certain counselors become interested in placement activities and devote a considerable amount of time to the process? Why do some of them prefer to become placement specialists and devote full time to these activities? Why does the placement specialist enjoy his work to the extent that it is a primary topic of discussion whenever he is engaged in conversation?

What is Placement?

The placement concept varies considerably, depending on the experience, training, and background of the

rehabilitation counselor and the importance attached to this concept by his agency. For the purposes of this paper, placement will be considered as a process which involves the following: a study of occupational information; a review of current information relating to employment trends for the immediate and long-range future; and an understanding of job requirements, including the skills, training, interests, and physical and mental requisites necessary to perform satisfactorily on specific jobs. It would also include actual interviews with employers, followed by tours of businesses and industries. Knowledge of the Dictionary of Occupational Titles and of job analyses is essential.

Is Placement Necessary?

The above definition demands a strong position for placement in the total rehabilitation process. Any rehabilitation program that does not recognize its importance is incomplete. In addition, federal regulations specify that placement and follow-up services must be provided for every client. Therefore, the question of whether to include placement is not a decision left to the agency. John F. McGowan, in his book, An Introduction to the Vocational Rehabilitation Process, states:

The regulations governing the vocational rehabilitation program (1966) make specific provisions for the job placement and follow-up of rehabilitation clients. They state: "The State Plan shall provide that the State or local rehabilitation agency will assume responsibility for placement of individuals accepted for service. The State Plan shall set forth the standards established for determining if the client is suitably employed, and shall provide for a reasonable period of follow-up after placement to assure that the vocational rehabilitation of the client has been successfully achieved (sec. 401.40)."

Thus, we find that every rehabilitation agency must, of necessity, accept its responsibility for placement.

How is Placement Accomplished?

Three distinctly different approaches to the problem are in evidence:

1. Certain agencies have adopted the philosophy that the client who has been adequately trained and properly prepared is capable of locating his own job. Thereby he demonstrates his independence. It is usually successful with the client who has a relatively minor disability.

But very little success is observed when the client with severe impairments attempts to locate a job without assistance from a rehabilitation counselor. Catastrophic disabilities, such as mental retardation, deafness, paraplegia, or blindness, require the skills of the counselor who knows placement. Employers see the disability first and the abilities secondarily. The counselor who is making the placement contacts must stress the abilities and skills which the client has to offer and show the employer that the disability will not be a deterrent to success.

2. The second approach is to provide the client vocational training and counseling and then to refer him to the state employment service for placement. In this approach, the counselor takes his client part-way to the goal of rehabilitation and then abandons him. How many unemployed clients are presently sitting at home after considerable investment of time and money, wondering what the intensive vocational training has prepared them for?

3. The third approach is more intense and has been found to be the only solution to successful placement of the severely disabled client. The Texas Commission for the Blind maintains the philosophy that every rehabilitation counselor will accept responsibility for the successful placement of all clients on his caseload. Each counselor must make employer contacts, industrial tours, and surveys of businesses and other potential sources of employment. Thus, the counselor becomes a part of the action. In the event that he needs it, he can request assistance from one of the Commission's specialists who devote full time to placement activities. The specialist is aware of new businesses and industries, of employment trends and developments, and can offer valuable consultation to the rehabilitation counselor. As a specialist, he is available for contact with the difficult employer and for intense placement efforts for the severely impaired client.

A Workable Placement Program

A placement program that has been developed by trial and error over a period of many years by the Texas Commission for the Blind is offered here for the rehabilitation counselor who wishes to organize his activities and fulfill his responsibilities. This program requires a basic attitude of acceptance and understanding of the fact that placement activities are the responsibility of every rehabilitation counselor. Inherent is an understanding that a counselor cannot function effectively without a deep knowledge of and commitment to placement. It is essential in counseling with the client, in making recommendations to the client, and in assisting the client to achieve his vocational rehabilitation goals. Placement

activities should be carefully planned, and sufficient time should be set aside each week so that these activities become a part of the counselor's regular routine. He should recognize that placement is the summit of the total rehabilitation process and that establishing eligibility, developing a vocational plan, providing medical services, and arranging for vocational training are only steps leading to the summit. Any rehabilitation program without placement and follow-up services is incomplete.

It is recommended that a caseload of employers be developed. The "employer caseload" should include a minimum of thirty-five employers who are contacted routinely. Approximately thirty of these employers should have disabled clients working successfully in their organizations. The counselor must exercise considerable care and skillful selection to make sure that these employers are convinced of the merits and advantages of employing individuals with disabilities. Regular contact with the employer will provide continuing employment opportunities as vacancies within his organization occur due to attrition and promotion. If these employers are carefully cultivated, they will be receptive to the idea of filling these vacancies with other disabled persons.

A small portion of the employer caseload will be made up of new employers who are being cultivated. Over a long period of time the counselor may expend a considerable amount of effort before one of these employers can be convinced that a disabled client will be an asset to his organization. However, a thorough job will insure that this new employer remains on the employer caseload for a number of years. This caseload will be continuously changing just as the client caseload is continuously changing, with new employers being added to the caseload regularly and others being deleted as necessary. In the same way that a file system is maintained on the client caseload, counselors of the Texas Commission for the Blind keep a current card file on their employers. The counselor's responsibility to his employer caseload is parallel to his responsibility to his client caseload.

Follow-up services are essential to a successful placement program and, indeed, to any comprehensive rehabilitation program. The client should be contacted frequently during the early stages of his employment to assure that he has been placed to the satisfaction of both the client and the employer. Frequent contacts by the counselor will keep relatively minor problems, which often do arise, from ballooning into crises. The writer recalls an incident which will illustrate. After three weeks of operating a machine in a potato-chip factory, a mentally retarded blind client was capably performing all activities and knew as much about the operation of the machine as any other employee in the company. Unfortunately, during the night

shift a slight alteration in production was made, and it was necessary for the client to print the word "header" on the end of each carton as it came through his machine. The client was unable to spell the word, but fortunately the counselor was maintaining close contact through follow-up services. The counselor spent more than two hours teaching the client how to spell this difficult word and how to print it on each carton. Although learning to spell this word may seem insignificant, it became a crucial factor in what has been a successful placement.

The employer recognized and appreciated the interest of the counselor in determining that the client was performing all duties of his particular job. The employer's knowledge that the counselor continues his interest after the client is on the job results in more secure employment for the client. The confidence of the employer is maintained and strengthened. Concurrently, the need for intense follow-up services lessens as the client develops his skills and confidence. Similarly, the employer's confidence in his new employee matures, and the need for the counselor's involvement diminishes. From this point, all contacts made by the counselor are to maintain this employer's position on the employer caseload.

Placement Requires Salesmanship

Possibly the careful reader has noted that some of the techniques in placement are similar to those used by the successful salesman. Certainly the employer caseload is comparable to the salesman's file of prospective and active customers. Likewise, maximum sales are realized by the salesman who gets out of his office to make personal contacts with his customers. Good organization and personal contact are as essential to the counselor as they are to the salesman.

Most definitions of selling or salesmanship include a strong emphasis on ideas of convincing or persuading. Usually an attempt is made to persuade another person that a new idea or concept would be beneficial or that a new product should be used or a service purchased. Persuasion is as applicable in placement as it is in salesmanship. If the salesman can convince the customer of the advantages of his product, the customer will realize his need for that product. Once this need is recognized, the sale can be completed.

Can placement be approached in a similar manner? Most certainly. When the employer has been made aware of the positive attributes and abilities of a blind person--his qualities of loyalty, punctuality, regularity, and high production--, he will then accept the blind person as a desirable employee.

Claude I. Shell in his article, Selling--Another Role for the Placement Counselor, has presented a penetrating study of placement as it relates to selling. He states:

There are three steps in this selling process for the successful counselor. First, he must sell himself. On the surface this statement appears unnecessary because it would appear obvious that he must already be convinced of the soundness of the concept that the blind can be successful employees. Such assumptions are unwarranted and dangerous. There are people in placement of the visually handicapped who are not themselves convinced that their clients can hold their own in competition with the sighted without being a drag on the employer. Such a person cannot succeed in the placement process. A second step is the selling of the client, the handicapped person. This person must be convinced that he can perform competitively in the world of work if he is going to succeed. This is no mean task and it may require all of the professional skill of the counselor. Next, the counselor, or "salesman" by this time, must sell the employer the concept that a visually handicapped person can perform in industry without being a burden on his employer. This step involves selling of the concept that the blind are employable, not that one particular blind person is suitable for one specific job. In accomplishing this, heavy reliance can be placed on the regular sales techniques, with certain necessary modifications, that are used to train salesmen in business and industry.

Examine Your Own Feelings About Blindness

Mr. Shell raises a fundamental issue which should be of concern to every rehabilitation counselor working with blind clients: "There are people in placement of the visually handicapped who are not themselves convinced that their clients can hold their own in competition with the sighted without being a drag on the employer. Such a person cannot succeed in the placement process." Certainly, this statement would imply that every counselor must be introspective and examine his own attitudes and feelings about blindness. Unwholesome attitudes exist not only among the uninformed, but also among the sophisticated. An example of such an attitude may be found in the following excerpt from a sermon by Father Robert J. Cain.

For the blind, there is no blush upon the rose;
no purity in the lily. There is no gracefulness

in the fern; no majesty in the oak; no waving light upon the meadow; no tender purple on the mountain. The clouds have lost their scarlet and their gold. The waters of the stream and of the sea have lost their clearness and their radiance. All that was bright, joyous, and lovely or great, noble, and sublime has faded away from the landscape, leaving only hueless, meaningless, loveless forms. The glorious exalting laughing life-giving sunshine has passed away forever. There is nothing now but blinding white, or vacant black, or dismal shadowy gray. Even the sunlight of a smile cannot pierce that darkness; nor can a beam from kind eyes dawn upon a blind man's soul. Thus, a chill death-like necessity forces him back upon himself and relentless dungeon walls crush in his life. Sympathy may reach him still, like fresh wind or the singing of a bird stealing in through prison bars. But the pity given to irremedial loss often embitters its grief or only revives it enough to make its sorrow more keenly felt again. A mind that is buried in the gloom of the grave must either feed upon itself or shrivel up in sour want and painfully waste away. So sad is the fate of the blind, so mournful their doom that all kind natures are eager to aid their helplessness while even the heartless will stand aside in hushed reverence to let them grope their way alone.

Will the best interests of the client be served by the counselor with such an attitude? Is it likely that this counselor's clients would be placed in jobs which would allow them to function at their maximum? It is more likely that the end result would be dissatisfaction and failure for both the counselor and the client.

Summary

Placement and follow-up services are fundamental and are, therefore, essential to every complete rehabilitation program. The rehabilitation counselor who is dedicated to the ideals of vocational rehabilitation recognizes the critical need for placement and incorporates it into his everyday work schedule. He fully accepts this responsibility and makes certain that each client receives the very best in placement and follow-up services. He cannot conscientiously relegate placement to a role of insignificance; nor can he delegate this responsibility.

The federal regulations governing vocational rehabilitation services are explicit. They require that every agency recognize its responsibility for placement and

follow-up services. George A. Majers, Consultant for Guidance, Training, and Placement of the Blind, Rehabilitation Services Administration, Washington, D.C., has said:

To obtain the means with which to compete for employment in a changing labor market is the desire and the duty of all blind persons who have the capacity and ability. To provide these means is the responsibility of our society. These are the precepts underlying the philosophy of restoration and utilization of human resources so fundamental to vocational rehabilitation.

The rehabilitation counselor who has critically examined his own feelings about blindness and who feels adequate and comfortable while working with blind clients will find himself where the action is. He will experience tremendous challenges which are intensely stimulating. When this happens, he will have answered the question, "Placement--passe or pertinent?"

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THE ROLE OF THE PLACEMENT SPECIALIST IN CAREER PLANNING

Preston Arnold, Placement Specialist
Texas Commission for the Blind

The degree of emphasis upon placement in rehabilitation has been a changing one as has been the responsibility for placement of the rehabilitation client. The responsibility for placement in any period of history of rehabilitation will depend upon the philosophy of the period being considered. It would seem of little benefit to dig into history earlier than the 1950's to demonstrate this point in the Texas Commission for the Blind.

During the 1950's and very early 1960's responsibility for the rehabilitation process was divided between the rehabilitation counselor and the placement counselor. Although supposedly they worked as a team, the responsibility for placement was with the placement counselor in work with the blind. It was a difficult task because vocational opportunities were limited and the acceptance of blind persons as employees was still relatively in the dark ages. A few stereotyped occupations such as broom and mop making, vending stand operation much different than today's Business Enterprise Program, piano tuning and sheltered workshop employment were absorbing many blind persons but many were going unemployed. Training facilities were also a great problem. The thinking seemed to be that a blind person should be happy with just a job and should not even think about the satisfaction he derived from it or whether or not it was adequate with regard to his vocational potential.

Slowly, vocational counseling was given more emphasis and the placement counselor became almost extinct. The emphasis seemed to be that if a blind person was given enough vocational counseling and some training that he would be able to find his own job, but this did not prove to be the case. The acceptance of the blind person as an employee, the neglect of his personal problems to a large degree, plus the lack of a placement counselor, rehabilitation counselor, or vocational specialist to help clear some of the obstacles from the path to employment did not prove very successful. Only the most hardy blind person with an unusual amount of motivation and determination proved to be successful.

Slowly, during the 1960's the emphasis moved in the direction of a placement specialist. During the latter part of the decade of the 1960's the responsibility of the placement specialist has continued to change until today we of the Texas Commission for the Blind feel that the duties have been clearly defined. It might be pointed out that as the duties have been refined and the responsibility of both the rehabilitation counselor and rehabilitation specialist has been defined clearly, the number of placements and the quality of these placements have increased and improved respectively and the necessity to reopen cases for further placement services to blind persons has decreased markedly. It might also be pointed out that by working together, the professional employees of the Texas Commission for the Blind have been able to do much to improve the image of blind persons as employees and more difficult cases are now being placed with regularity. Through the work of the placement specialist and the other professional members of the team, many new vocational opportunities have been opened that were not dreamed of only a decade ago.

I have already made mention of the teamwork concept of our agency which now exists among its professional staff. This emphasis only proves the old adage that two heads working together are better than one. Although the placement specialist and the rehabilitation counselor are aided by other professional staff members in the rehabilitation process, I would like to make mention of the rehabilitation counselor-placement specialist relationship as it now exists in the process of the rehabilitation of blind and visually impaired clients. In the Texas Commission for the Blind, the rehabilitation counselor has the primary responsibility for placement of his clients. The placement specialist is a resource for the rehabilitation counselor at any point in the rehabilitation process. This relationship should be kept in mind as we proceed further through this discussion. Let me emphasize it again; the rehabilitation counselor has the primary responsibility for placement in the rehabilitation process. The placement specialist is a resource that can be used at any point in the rehabilitation process.

This concept may cause you to wonder about the work and even the need for a placement specialist. It is the feeling of our agency that if the rehabilitation counselor has gotten to know his client adequately, has evaluated him properly, has planned with the client with his needs in mind, has trained him properly, and has researched the occupation or vocation to the extent that he knows it to be feasible for his client and has used his other resources properly including the placement specialist, then he should be able to place the majority of his clients with a reasonable amount of effort. It will also permit the placement

specialist time to work with those difficult to place clients in cooperation with the rehabilitation counselor and to spend his time in more profitable ways to assist the rehabilitation counselor both directly and indirectly.

The primary goal of the placement specialist is to assist in every way possible to assure that the blind client will be provided with the opportunity to reach his maximum potential when he is employed. To achieve this goal, he may provide assistance in a number of ways. When he is called upon in a particular case, his participation will vary depending upon the point at which he is called into the case to assist. In any instance he will review the case folder including all available data secured and entered by the rehabilitation counselor prior to making his recommendations in writing. A personal interview with the client may often be helpful in making recommendations. The decision as to whether the recommendations will be followed or not is the decision of the rehabilitation counselor; however, the written recommendations of the placement specialist become a part of the client's file and are there for future reference. The ultimate purpose of the review of a case by the placement specialist is to assure that the client is job ready. Should the placement specialist be called to review a case when the rehabilitation counselor considers him to be ready for placement, the placement specialist will review all information in the case folder considering job readiness criteria: age, adjustment to disability, personality, motivation, ability to accept supervision, personal habits, physical aspects, and vocational skills as they are related to the desired vocational objective. A personal interview is again very helpful in making these evaluations. Often much assistance can be obtained if the placement specialist is consulted during the planning stage in the rehabilitation case. This permits the placement specialist to evaluate all data prior to the selection of a vocational goal by the rehabilitation counselor and client and permits the rehabilitation specialist to eliminate many occupations that would not be feasible in light of his wide experience with vocational opportunities and their particular needs that must be fulfilled by the rehabilitation client in order to be successfully employed.

The rehabilitation specialist has the responsibility from time to time to observe the training offered by rehabilitation centers that they provide blind rehabilitation clients. Placement specialists may be able to make suggestions with regard to these rehabilitation training programs which would improve the vocational potential and public acceptance of potential blind employees. Many of the things evaluated by the placement specialist at the time that the client is declared ready for employment can be the result of important services offered by a rehabilitation center. Again we are speaking of job readiness criteria which we previously listed.

The rehabilitation specialist also has the important task of inspecting training facilities providing vocational training services to blind clients. This is an important part of the rehabilitation specialist's job since it has been our experience that too many training agencies are more interested in the fees received for training, rather than the training services which they offer and which are vital to the rehabilitation of the blind clients. This work should also be done from time to time by the rehabilitation counselor, however, the rehabilitation specialist is aware of new job opportunities locally, regionally, and nationally which may require changes in the training programs being offered or the initiation of new training programs to make the blind client suitable for employment in new job opportunities.

In recent years it has been discovered by rehabilitation specialists particularly that many new job opportunities can be made available to blind clients. The acceptance of blind clients for employment has made the public more aware that blind persons can work and are able to work in many previously overlooked occupations and vocations. The placement specialist plays a vital role in discovering these new job opportunities, developing them and making the rehabilitation counselors and other professional staff members aware of their existence. This possibly is the most vital role of the rehabilitation specialist.

The rehabilitation specialist is also a vital resource for rehabilitation counselors and other professional staff members for job opportunities and blind clients. Due to his constant effort to open up new occupations, he is aware of opportunities at all levels of our national life.

In Texas the rehabilitation specialist has another important job which may not be common to other states not using the Texas approach to rehabilitation. Because of the lack of placement training facilities in the United States adequate to handle the number of counselors now engaged in rehabilitation work for the blind, it has become necessary for the Commission for the Blind to initiate its own specialized placement training program for rehabilitation counselors. The placement specialist plays a vital role since he is aware of employment opportunities for blind clients and is also aware of the requirements of job readiness from many successes and also many failures. During this specialized placement training program, we do not overlook other consultants who have particularly fine knowledge of the field of vocational placement of blind clients. These consultants are also used to add their experience and their approaches to this program. From it we have developed a placement training program which we feel is as good as any available for our rehabilitation specialists. Again the placement specialist plays an important role in this training, assists the counselors in making contacts with

employers, critiquing these contacts, in surveying job opportunities, and in providing important information from his own experiences. He continues work with the rehabilitation counselors following the specialized placement training program in educating them to new opportunities which may develop for their blind clients as well as continuing to act as an advisor when called upon.

Many other types of information may be secured through the placement specialist. Information about labor unions, labor union agreements, wage scales for particular occupations, insurance, second injury clause, and particular employment opportunities which must be guarded with care in order to develop them can be obtained from the rehabilitation specialist.

Where problems arise following the placement of a blind rehabilitation client, the placement specialist may be a valuable resource in removing or modifying the difficulties which are occurring. He may be able to make special suggestions regarding the work of the employee, his habits, etc. or may intervene with the employer to assure job security for the rehabilitation client. In no case, however, will he advocate maintaining a less than adequate employee on a job which he is unable to handle and the placement specialist may be a valuable asset in removing this employee while still keeping a job opportunity open for another blind client.

The above outline of the rehabilitation specialist's work in the rehabilitation of blind clients may seem to indicate that all other professional staff members are unnecessary. This is not the case. We feel that the rehabilitation specialist is able to perform many functions which the rehabilitation counselor does not have the time to do and that through the teamwork approach, many additional blind clients can be placed in successful job opportunities adding to the efficiency of the entire Commission for the Blind program. Experience has proven this to be true and we would recommend it to any other agency not now so engaged in this type of a program.

CONTRIBUTORS

Preston Arnold
Placement Specialist
State Commission for the Blind
712 North Washington
Dallas, Texas

L. H. Autry, Director
Arkansas Rehabilitation Services for the Blind
Little Rock, Arkansas

Natalie C. Barraga, Professor
Department of Special Education
The University of Texas at Austin

Mary K. Bauman, Ph.D., Director
Personnel Research Center
1604 Spruce Street
Philadelphia, Pennsylvania

William V. Bridges, Director
Division for the Blind
Department of Public Welfare
Baton Rouge, Louisiana

Harold Bruce, Chief
Services for the Blind
Division of Service for the Blind
State Department of Public Welfare
Santa Fe, New Mexico

G. D. Carnes, Ph.D., Director
Rehabilitation Counselor Education Program
Department of Special Education
College of Education
The University of Texas at Austin

Jerry Dunlap
State Commission for the Blind
State Capitol Complex
Oklahoma City, Oklahoma

REHABILITATION COUNSELOR EDUCATION
DEPARTMENT OF SPECIAL EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEX. 78712

Randolph Greene, Director
Rehabilitation Center Planning
State Commission for the Blind
317 Sam Houston State Office Building
201 East 14th Street
Austin, Texas

Clayton Morgan, Ph.D., Coordinator
Rehabilitation Counselor Education Program
Oklahoma State University
Stillwater, Oklahoma

Robert L. Pogorelc
Division for the Blind and Visually Handicapped
Rehabilitation Services Administration
Social and Rehabilitation Service
Washington, D.C.

Sammie K. Rankin (Mrs.)
Staff Development Officer
State Commission for the Blind
317 Sam Houston State Office Building
201 East 14th Street
Austin, Texas

Burt L. Risley, Director
State Commission for the Blind
317 Sam Houston State Office Building
201 East 14th Street
Austin, Texas

Robert Thomas
Associate Regional Commissioner
Rehabilitation Services Administration
Social and Rehabilitation Service
Dallas, Texas

Louis Viecegli, Coordinator
Placement Counselor Training Rehabilitation Institute
Southern Illinois University
Carbondale, Illinois

HV1710 Carnes, G.D.; C.E. Hansen c.1
C216 & R.M. Parker, eds.
READINGS IN REHABILITATION
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Date Due (1971)

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(1971)

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Reference Copy	

AMERICAN FOUNDATION FOR THE BLIND
15 WEST 16th STREET
NEW YORK, N. Y. 10011

Printed in U.S.A.

